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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Lee Ann Monfredini
President

Roma P. Guy, M.S.W.
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

NOTICE OF RESCHEDULED MEETING

FOR

SAN FRANCISCO HEALTH COMMISSION

The San Francisco Health Commission meeting scheduled for Tuesday, January 3, 2006 has been rescheduled to Tuesday, January 10, 2006, 3:00 p.m. at 101 Grove Street, Room 300.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, January 10, 2006*
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

***PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM JANUARY 3, 2006**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 13, 2005**
**Minutes of the meeting of December 13, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

Items for Approval

(3.1) **PHP-Emergency Medical Services Agency** – Request for approval to accept and expend, retroactively, a new grant from the California Emergency Medical Services Authority, in the amount of $240,860, to supplement on-call physician coverage for trauma services at San Francisco General Hospital Trauma Center, for the period of July 1, 2005 to June 30, 2006.
** Request memo, Grant information form, Budget page*

(3.2) **CBHS** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $156,498, which includes a 12% contingency, to provide children's mental health services for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form,*

[illegible] – Request for approval of a retroactive renewal contract with Ohlhoff Recovery Prog [illegible] of $376,583, which includes a 12% contingency, to provide behavioral hea [illegible] n and adolescents, for the period of July 1, 2005 through December 31, [illegible] contract amount of $632,659.
Contract summary, Monitoring report summary, Client demographic information form,

(3.4) **CBHS** – Request for approval of a retroactive contract modification with Catholic Charities of [illegible] Francisco, in the amount of $86,375 per year, for 2 years, for new total contract value of [illegible] provide supportive housing/mental health services to disabling HIV/AIDS homeless for the [illegible] 1, 2003 through June 30, 2007.
** Contract [illegible] Monitoring report summary, Client demographic information form,*

(3.5) **CBHS** – Request [illegible] val of a retroactive contract renewal with Regents of the University, in the amount of $[illegible]0, which includes a 12% contingency, to provide program evaluation services for the Children's System of Care for the period of September 30, 2005 through September 29, 2006.
** Contract summary, Monitoring report summary, Client demographic information form,*

(3.6) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University, in the amount of $366,160, to provide crisis intervention & stabilization, clinical case management and linkage services for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form,*

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with St. Vincent School for Boys, in the amount of $392,895/year, which includes a 12% contingency, to provide mental health outpatient services for the period of July 1, 2005 through June 30, 2007, for a total contract value of $785,790.
** Contract summary, Monitoring report summary, Client demographic information form,*

(3.8) **DPH-Environmental Health** – Request for an approval of a new contract with Mission Economic Development Association, in the amount $73,538, which includes a 12% contingency, to provide fiscal management and business plan development services for the ongoing Day Labor Program, for the period of January 1, 2006 through September 29, 2006.
** Contract summary*

Items for Discussion and Approval

(3.9) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with UCSF-Stonewall Project, in the amount of $200,000, to provide HIV prevention services to men who have sex with men, for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summary, Client demographic information form, List of Regents*

(3.10) **CBHS** – Request for approval of a retroactive contract renewal with Mental Health Management, Inc. dba Canyon Manor, in the amount of $4,538,881 per year, which includes a 12% contingency, for a total two-year contract value of $9,077,761, to provide 24 hour locked mental health rehabilitation services for the period of July 1, 2005 through June 30, 2007.
* *Contract summary, Monitoring report summary, Client demographic information form,*

(3.11) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University, in the amount of $719,765/yr, which includes a 12% contingency, to provide mental health and substance abuse services targeting low income, uninsured or underinsured clients with HIV/AIDS or disabling HIV for the period of July 1, 2005 through June 30, 2009 for a total contract value of $2,879,059.
* *Contract summary, Monitoring report summary, Client demographic information form,*

(3.12) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University, in the amount of $4,041,202, which includes a 12% contingency, to provide citywide case management mental health services targeting Psychiatric Emergency Services clients and County Jail inmates with mental illness, for the period of July 1, 2005 through June 30, 2007 for a total contract value of $8,082,404.
* *Contract summary, Monitoring report summary, Client demographic information form,*

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Crestwood Behavioral Health, Inc., in the amount of $6,500,000/year, which includes a 12% contingency, to provide 24 hour skilled nursing facility services for the period of July 1, 2005 through September 30, 2006, for a total contract value of $9,100,000.
* *Contract summary, Monitoring report summary, Client demographic information form,*

(3.14) **CBHS** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $9,724,850, which includes a 12% contingency, to provide residential mental health services for the period of July 1, 2005 through June 30, 2006.
* *Contract summary, Monitoring report summary, Client demographic information form,*

(3.15) **CBHS** – Request for approval of a contract modification with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $6,191,325 per year, which includes a 12% contingency to provide fiscal intermediary services for the period of July 1, 2005 through December 31, 2006 for a total contract amount of $7,812,724.
* *Contract summary, Monitoring report summary,*

(3.16) **CBHS** – Request for approval of a retroactive renewal contract with the SAGE Project in the amount of $2,259,266, with an annual amount of $502,059, which includes a 12% contingency to provide outpatient mental health services for the period of July 1, 2005 through December 31, 2009, for a total contract amount of $2,530,377.
* *Contract summary, Monitoring report summary, Client demographic information form,*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **MATERNAL AND CHILD HEALTH ANNUAL REPORT**
(Twila Brown, Director, Maternal and Child Health)
**Report*

6) **FOR DISCUSSION:** **STATE AND FEDERAL LEGISLATIVE REPORT**
(Scott Boule, Deputy Director, Office of Policy and Planning)
**Report*

7) **FOR DISCUSSION AND ACTION:** **APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL AND LAGUNA HONDA HOSPITALS**
(Gregg Sass, Chief Financial Officer)
**Supplemental Appropriation*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 10, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:20 p.m.

Present: Commissioner Lee Ann Monfredini, President – left at 5:35 p.m.
Commissioner Roma P. Guy, MSW, Vice President
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Absent: Commissioner Edward A. Chow, M.D.

President Monfredini announced appointments to the Community Health Network Joint Conference Committee (CHN JCC). Commissioner David Sanchez will chair the CHN JCC, and Commissioner Tarver will serve the other member.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 13, 2005

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved the minutes from the December 13, 2005 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez and Commissioner Tarver attended. f the Budget Committee meeting.

(3.1) **PHP-Emergency Medical Services Agency** – Request for approval to accept and expend, retroactively, a new grant from the California Emergency Medical Services Authority, in the amount of $240,860, to supplement on-call physician coverage for trauma services at San Francisco General Hospital Trauma Center, for the period of July 1, 2005 to June 30, 2006.

(3.2) **CBHS** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $156,498, which includes a 12% contingency, to provide children's mental health services for the period of July 1, 2005 through June 30, 2006.

(3.3) **CBHS** – Request for approval of a retroactive renewal contract with Ohlhoff Recovery Programs, in the amount of $376,583, which includes a 12% contingency, to provide behavioral health services to women and adolescents, for the period of July 1, 2005 through December 31, 2006 for a total contract amount of $632,659.

(3.4) **CBHS** – Request for approval of a retroactive contract modification with Catholic Charities of San Francisco, in the amount of $86,375 per year, for 2 years, for new total contract value of $815,630, to provide supportive housing/mental health services to disabling HIV/AIDS homeless for the period of July 1, [illegible] through June 30, 2007.

(3.5) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University, in the amount of $345,610, which includes a 12% contingency, to provide program evaluation services for the Children's System of Care for the period of September 30, 2005 through September 29, 2006.

(3.6) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, in the amount of $366,160, to provide crisis intervention & stabilization, clinical case management and linkage services for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Tarver asked why the program was unable to meet its units of service. Edwin Batongbacal from CBHS said that the agency achieved 55% of its units of service in FY 03-04. DPH staff looked at the problem, which was mainly a result of staff turnover and the inability to recruit. The agency has achieved its FY 04-05 goals.

(3.7) **CBHS** – Request for approval of a retroactive contract renewal with St. Vincent School for Boys, in the amount of $392,895/year, which includes a 12% contingency, to provide mental health outpatient services for the period of July 1, 2005 through June 30, 2007, for a total contract value of $785,790.

> Secretary's note – Staff clarified that the contract is with Catholic Charities, with whom St. Vincent School for Boys has merged.

(3.8) **DPH-Environmental Health** – Request for an approval of a new contract with Mission Economic Development Association, in the amount $73,538, which includes a 12% contingency, to provide fiscal management and business plan development services for the ongoing Day Labor Program, for the period of January 1, 2006 through September 29, 2006.

Commissioners' Comments

- Commissioner Illig ask Jenny Chacon from Environmental Health to convey to MEDA his concern about the number of people on the board. Ms. Chacon said MEDA now has only one vacancy, and MEDA staff is aware of the commissioner's concerns.
- Commissioner Sanchez said that MEDA has provided years of service to the Mission community. He is pleased to see the Department looking at different pathways for approaching the day laborer population. The Mission Language Vocational Center is involved with day laborers as well. Ms. Chacon said they are working with Rosario Anaya.

(3.9) **AIDS Office-HIV Prevention** – Request for approval of a retroactive new contract with UCSF-Stonewall Project, in the amount of $200,000, to provide HIV prevention services to men who have sex with men, for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked if this contract is connected to the money for methadone that he read about in the *Bay Area Reporter*. Dr. Siever, UCSF Stonewall Project, said that this is a different contract. Magnet has two contracts with DPH, one with the AIDS Office and one with STD. Further, Stonewall Project has multiple programs with DPH. The programs referenced in the *Bay Area Reporter* are not related to this contract.
- Commissioner Tarver said he is going to advocate for expanded funding for the Magnet Program.

(3.10) **CBHS** – Request for approval of a retroactive contract renewal with Mental Health Management, Inc. dba Canyon Manor, in the amount of $4,538,881 per year, which includes a 12% contingency, for a total two-year contract value of $9,077,761, to provide 24 hour locked mental health rehabilitation services for the period of July 1, 2005 through June 30, 2007.

> Secretary's Note – Canyon Manor is a for profit organization, not a non-profit as noted in the Health Commission contract summary.

Commissioners' Comments

- Commissioner Illig expressed concern that one of the outcome objectives relates to number of patients returned to PES. Under what circumstances would patients return? Richard Evatz from Canyon Manor said that when patients become too acute for Canyon Manor's level of care, they have to go to an acute level of care. Usually patients return to Canyon Manor. They have psychiatrists on staff, but are not licensed to provide acute care level of services.
- Commissioner Tarver said that L facilities are a vital part of the continuum of care but it behooves us to re-examine lengths of stay, costs, etc. He asked how Canyon Manor evaluates length of stay, discharge plans, etc. Mr. Stillwell said there has been a lot of pressure over the

past years to move people from acute to subacute. So while subacute is expensive, it is much less costly than an acute hospital. That said, DPH staff continually look at the best place for these patients, and there is monthly utilization review. The nurse is out there every few weeks to evaluate whether patients can be discharged to the community, and there are on-going discussions with residential care facilities. Commissioner Tarver asked if the TCM project is involved in the UR meetings. [redacted], TCM program staff, said TCM is not done in the locked facilities. Ms. Garcia said that in December alone DPH staff moved 200 people from SFGH. Crestwood really assisted DPH in making this happen. As a result of the HMA Report, a Placement Committee is in place and is working on this issue.

- Commissioner Illig recommended that this contract be approved for 15 months so that the Health Commission could review progress after one year. So the term of the contract is July 1, 2005 through September 30, 2006.

(3.11) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, in the amount of $719,765/yr, which includes a 12% contingency, to provide mental health and substance abuse services targeting low income, uninsured or underinsured clients with HIV/AIDS or disabling HIV for the period of July 1, 2005 through June 30, 2009 for a total contract value of $2,879,059.

Commissioners' Comments

- Commissioner Illig said this is the best set of outcome measures that he has seen in a long time.

(3.12) **CBHS** – Request for approval of a retroactive contract renewal with Regents of the University of California, in the amount of $4,041,202, which includes a 12% contingency, to provide citywide case management mental health services targeting Psychiatric Emergency Services clients and County Jail inmates with mental illness, for the period of July 1, 2005 through June 30, 2007 for a total contract value of $8,082,404.

(3.13) **CBHS** – Request for approval of a retroactive contract renewal with Crestwood Behavioral Health, Inc., in the amount of $6,500,000/year, which includes a 12% contingency, to provide 24 hour skilled nursing facility services for the period of July 1, 2005 through September 30, 2006, for a total contract value of $9,100,000.

> Secretary's Note – Crestwood is a for profit organization, not a non-profit as noted in the Health Commission contract summary.

Commissioners' Comments

- Commissioner Tarver asked who often the patients are reviewed for discharge potential. Mr. Stillwell said there is a monthly utilization review, with special emphasis on improving the medical quality of these clients. Commissioner Tarver asked if the conservator is involved in the UR visits. Patricia Blum, Vice President of Crestwood Behavioral Health, said the conservator is there quarterly at a minimum. Commissioner Tarver asked that information regarding unduplicated clients and cost per unit. Commissioner Tarver said there should be other creative, clinical outcomes and treatment goals.

(3.14) **CBHS** – Request for approval of a retroactive contract renewal with Progress Foundation, in the amount of $9,724,850, which includes a 12% contingency, to provide residential mental health services for the period of July 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Illig asked Steve Fields, executive director of Progress, why the number of FTEs is being reduced. Mr Fields said the In-Reach shelter program was cut mid year, which resulted in a decrease of 3.25 FTEs. The other 1.0 FTE reduction is a mathematical error. Commissioner Illig was disturbed that three of the four objectives were not rated due lack of CBHS data. Mr. Fields said that there must be discussions with CBHS about how to measure what the Department and agency partners are trying to accomplish. CBHS only wants to include measures it can track and because CBHS's system is basically a billing system, it cannot track many of the outcomes that Progress measure. This must change. Commissioner Illig asked if the agency has been paid under an interim agreement. Mr. Fields said the interim agreement expired December 31, 2005, and the delay in getting before the Health Commission has disturbed his cash flow, and this is upsetting.

- Commissioner Tarver asked why the contract was delayed. Mr. Fields does not know. Stephen. Banuelos, CBHS program manager, said CBHS is more behind than usual on contractors.

(3.15) **CBHS** – Request for approval of a contract modification with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $6,191,325 per year, which includes a 12% contingency to provide fiscal intermediary services for the period of July 1, 2005 through December 31, 2006 for a total contract amount of $7,812,724.

(3.16) **CBHS** – Request for approval of a retroactive renewal contract with the SAGE Project in the amount of $2,259,266, with an annual amount of $502,059, which includes a 12% contingency to provide outpatient mental health services for the period of July 1, 2005 through December 31, 2009, for a total contract amount of $2,530,377.

Commissioners' Comments

- Commissioner Illig encouraged SAGE to expand its board beyond six members.

- Commissioner Tarver has referred many patients to SAGE. It is a tremendous program.

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved the Budget Committee Consent Calendar. For Item 3.10, the end of the contract was changed from June 30, 2007 to September 30, 2006.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

SFGH Summary of DHS/CMS Validation Survey

On Monday, December 19th, a Department of Health Services (DHS) survey team, consisting of two RNs and 2 Pharmacists, appeared at SFGH to conduct an unannounced Centers for Medicare & Medicaid Services (CMS) Validation Survey. At the conclusion of the 4-day survey, five patient care issues were identified that required immediate correction: monitoring of patients on lithium; monitoring of diabetics on atypicals; IV admixture preparation outside of the pharmacy; procedure for addressing patients in clinical distress in acute psychiatry; and adding phenylephrine to the crash cart.

The Interim Plan of Correction (POC) developed by the SFGH Executive Staff was accepted by CMS. SFGH was subject to daily visits by DHS until significant compliance with the Interim POC was demonstrated. On Tuesday, January 2, 2006, CMS/DHS abated the five patient care issues. It is expected that CMS/DHS will issue SFGH a full validation survey report that will contain additional findings. The Hospital Executive team has already identified action plans to address the additional findings.

Medical Marijuana Program Moves to SFGHMC
The Department began implementing the State Medical Marijuana Program (MMP) yesterday (January 9th) at San Francisco General Hospital. Staff processed 17 applications for the new MMP ID card. A number of patients seen at San Francisco General Hospital yesterday were familiar with the State Medical Marijuana Program and had obtained information and applications from the DPH and State MMP websites. News media (Channel 2, KCBS radio and KQED California Report) were on site to report on the new program.

The MMP is located in the lobby of San Francisco General Hospital and operates Monday - Friday 1:00 - 4:00 p.m. The fee is $50 to process an MMP application ($25 for Medi-Cal). Patients must bring a letter from their doctor stating the patient has a medical condition where the use of medical marijuana is appropriate. Patients may designate one caregiver. The card, which is valid for one year, can be used in any county in California.

San Francisco's MCID's are valid in San Francisco county until the expiation date (up to 24 months).

Proposition 63 Testimony
A number of staff from Behavioral Health Services will testify before a panel review in Sacramento January 17th how the San Francisco Plan (Plan) intends to use the monies assigned for clinical services (Community Services and Supports [CSS]) under the Mental Health Services Act (Prop 63).

The review panel is convened by the California Department of Mental Health (DMH) and is composed of consumers and professionals knowledgeable about county mental health services. Dr. Katz anticipates the hearing process will involve a series of requests for changes and clarifications before the panel recommends the Plan to Steve Mayberg, MD, Director of DMH. The monies will be released after Dr. Mayberg's approval. DPH expects to receive over $5.3 million in new clinical services monies that will fund some administrative support and, if the Plan is approved as currently written, will include the following clinical services:

The majority (51%) of CSS funding will provide Full Service Partnerships (FSP). FSP's are case management with wrap-around services provided through a personal services coordinator, to accomplish "whatever it takes" to improve the client's life in significant areas such as housing, health, relationships, education and employment. FSP programs will be funded by CBHS through MHSA with a combined total capacity to serve 122 to 153 individuals and their families across four age groups: children, youth & families; transition-age youth; adults; and older adults. A detailed breakdown of funding per age group is below.

The remainder of CSS funding will be used for System Development to improve the service delivery system for all mental health clients and families. These efforts will include strategies for reducing ethnic disparities and for outreach to seriously mentally ill or emotionally disturbed residents of San Francisco who are currently receiving little or no services. It is anticipated that the monies will be available by March, and services will be provided by a combination of civil service and community based organizations to be determined by an RFP process.

Full Service Partnership (FSP) Age Group Funding Proposal

Children Youth and Families:

- $120,000 will be used to serve 100 children and youth each year for three years in community-based violence and trauma recovery services, including a peer-support component for youth.
- $120,000 will be used in integrating psychiatric services within pediatric settings for early identification of mental health and psychiatric needs.
- $121,490 will be used to increase organizational and clinical capacity to specifically serve Lesbian, Gay, Bisexual, and Transgender, Asian/Pacific Island, indigenous, Latino and African American children and youth with culturally appropriate services.
- $80,000 will be used in school-based services including wellness centers.

Transition-Age Youth:

- $152,835 will be used to integrate behavioral health services within primary care settings that serve transitional age youth.
- $200,000 will be used to provide supported services for housing, including co-op housing, independent living and board and care.
- $300,000 will be used to do outreach and engagement and to support youth-run and youth-developed services using the Youth Development Model.

Adults:

- $131,490 will be used for supportive services for housing, including peer case management.
- $100,000 will be used for Vocational Rehabilitation. Through a partnership with the Department of Rehabilitation, this funding will expand to $400,000, as they will match $3 for each $1 of CSS money spent.
- $130,000 will be used to support a peer-run center that will include crisis drop-in and a 24-7 warm line.
- $80,000 will go to residential treatment.

Older Adult:

- $180,000 will be used to support a senior recovery center that offers peer support and outreach.
- $300,000 will be used to provide supportive services for housing including peer case management.
- $172,835 will be used for mental health services in primary care settings, including dementia behavior management.

Commissioners' Comments

- Commissioner Illig asked if civil service would compete fairly with non-profits through the RFP process for Proposition 63 funds. Ms. Garcia said that the majority of the dollars are going to non-profits through an RFP process.

- Commissioner Tarver asked for an update on SFGH's census. Ms. O'Connell said the censuses decreased in December. However today it is 331, with the greatest increase in Med Surg.

- Commissioner Guy conveyed the Commission's appreciation of the staff work that was involved in the CMS survey.

5) MATERNAL AND CHILD HEALTH ANNUAL REPORT

Twila Brown, Director, Maternal and Child Health (MCAH) and Ellen Stein, M.D., MCAH Medical Director, presented the MCAH 2004-2005 Annual Report. The report provides program highlights, an overview of federally mandated MCAH health status indicators, MCAH integration of the DPH Strategic Pl[illegible] data analysis of the inequality in African American fetal infant health mortality.

The mcah Program is a traditional public health program that implements four public health functions: assessment, policy development, quality assurance and access. Mcah services are population based, prevention focused, systematic in approach and social justice infused. The mcah Section is primarily state and federally funded and is currently organized into five units with subsections: Children's Medical Services, Maternal Child and Adolescent Health; Family Planning; Nutrition Services; and Public Health Nursing.

Title V health status performance indicators and Bay Area data analysis is used to guide mcah program planning and priority setting, and to develop planning interventions to produce better health outcomes for fetal and infant births and to impact infant death, prenatal care, birth weights, breastfeeding, dental care, children living in foster care, etc. Health priorities for the San Francisco mcah population include reducing infant mortality in African Americans, increasing early entry into prenatal care to 90% and increasing preconception and interconception care, among others.

Dr. Stein described the data analysis methods and findings around birth trends. The birth rate in San Francisco dropped significantly for all ethnicities except Whites. The change in birth rates was greatest in the Black and Hispanic populations. Dr. Stein described the Perinatal Periods of Risk (PPOR) model, which is used for reviewing infant mortality. Dr. Stein also described the Bay Area Data Collaborative (BADC), which uses regional birth data that has the statistical power to analyze ethnic disparities. PPOR Regional BADC data shows that the fetal infant mortality rate in the Black population was more than double that of Whites, Hispanic and Asian/PI. Data also shows that the greatest number of Black fetal/infant deaths occur during the preconceptional/maternal health period. Risk factors include access to health care, infection, stress and work, general state of health prior to pregnancy, injuries and abuse, family planning, nutrition, tobacco/alcohol/drug use and previous pregnancy outcomes.

Medical model approaches to perinatal inequities have not been effective. Non-randomized trials were either weak or unable to be sustained. Randomized trials showed no benefit. San Francisco has developed a different model.

Response: Supporting Change

- Black Infant Health Program/Fetal Infant Mortality Review Committee/PPOR
- CenteringPregnancy Consortium –combines an empowering medical model with community groups and services; develop local peer-support systems; sharing best practices; develop Bay Area-specific new materials; comparing medical outcomes on a county, regional and state level.
- Preconception Care
- Bay Area Data Collaborative
- Universal Home Visiting
- Public Health Nursing Intervention
- Seven Principles.

Challenges

- Decreasing Revenue at national, state and local levels.
    - Universal Home Visiting – program sustainability; weekend PHN visits, non-invasive jaundice screening.
    - Nursing Shortage
    - Black Infant Health Sustainability

- Dental Access
    - Pregnant Women – dental disease contributes to prematurity. Professional outreach and education. Many doctors will not accept these women.
    - Children – pediatrician applied fluoride

- Service Integration, particularly around nursing services.

Ms. Brown showed a video of the Black Infant Health Program.

Commissioners' Comments

- Commissioner Guy said the Population Health and Prevention Joint Conference Committee heard this presentation and was impressed with the methods through with MCH has identified the areas of need and developed appropriate interventions. She also appreciates the genuine health status model, rather than a clinical model. Evaluations show that this model works. The work pinpoints the problem of health disparities and shows how DPH's response could help address these disparities.

- Commissioner Tarver said this is a great example within DPH about using best practices that have been developed elsewhere as well as internally. Have there been any thoughts of developing programs or outreaching to girls who are of pre-pregnancy age? Dr. Stein said that preconceptional health must to be provided to women of all ages. Ms. Brown said the preconceptional program is a life health model.

- Commissioner Sanchez congratulated MCH for the Bay Area Data Collaborative, which provides the ability to generate the data needed to validate interventions, best practices, etc. Each county has a community foundation, and Commissioner Sanchez urged the collaborative to make similar presentations to these foundations.

- Commissioner Umekubo commented that the infant mortality rates are used to gauge health care systems' effectiveness. He is curious about how San Francisco compares nationally. Dr. Stein said they would have to look at the national health indicators to develop an appropriate comparison.

6) STATE AND FEDERAL LEGISLATIVE REPORT

Scott Boule, Deputy Director, Office of Policy and Planning, presented the State and Federal Legislative Report. The priority that the Office of Policy and Planning places on legislative advocacy flows from the Department's Strategic Plan. Office of Policy and Planning works within the City's system to undertake direct advocacy, coalition work and the development of a two-year State Legislative Plan. Mr. Boule highlighted areas of interest.

Federal Overview

- Record Deficits – 2005 deficit is the third largest ever. Non-defense discretionary spending is a small portion.
- Republican emphasis on spending cuts, particularly of entitlement programs – Medicaid cuts; HHS cuts. DPH really felt the impact of the HHS cuts, due to lack of earmarks.
- Additional tax cuts proposed
- Medicaid will continue to be on the chopping block.

Ryan White CARE Act Reauthorization

- Program authorization expired in September 2005. This is not unusual, but puts program in a vulnerable position.
- Bush Administration did develop reauthorization principles, which are harmful to both San Francisco and California. The extent to which the principles will be in the final bill is unclear
- No legislation has been introduced yet. Mayor Newsom submitted a letter in August 2005. "Listening Sessions" are being held later this month.

Medicare Prescription Drug Benefit

- Shift to private plans – Medicare Advantages vs. PDPs; varying formularies and cost sharing
- Impact on Dual Eligibles – the majority of DPH patients fall into this category. Patients now get drugs through Medicare instead of Medi-Cal. There are cost sharing requirements.
- New challenges for AIDS Drug Assistance Program (ADAP), including new cost sharing.

State Overview

- Improving budget situation
- Impact of the special election
- Few bills signed into law

Medi-Cal Hospital Financing Waiver

- Implementing legislation signed in October, implementing a five-year waiver; includes a hold harmless provision.
- Unresolved issues remain: new reimbursement mechanism (Certified Public Expenditures); funding in years 3, 4 and 5; coverage initiative; managed care expansion.

Proposition 63

- Behvioral Health Innovations Task Force – appointed by Mayor, met seven times from May to August 2005.

- Disappointing award for clinical services expansion. DPH has met with the Department of Mental Health and the Oversight Commission around this issue, and has prepared a plan in the event additional funding is obtained.

State Medical Cannabis Card

- State card replaces the DPH card program. The program moved from 101 Grove to SFGH. Statewide implementation began in August.
- Delayed implementation – Board of Supervisors Resolution regarding protecting confidentiality. San Francisco's approach protects confidentiality.

Mr. Boule noted that the Legislative Report includes a summary of the health-related bills that were enacted in 2005, as well as a status report on bills that are tracked by the Department of Public Health. He noted a few of these bills, including AB 228 (Koretz), AB 547 (Berg), AB 417 (Aghazarian) and AB 1768 (Leno).

Looking Ahead

- Federal – covering the uninsured; reauthorization of Ryan White, which is a critical DPH priority; additional spending cuts; implementation of the Medicare Drug Benefit.

- State – infrastructure bond/seismic safety. DPH's priority is to make sure there is money for San Francisco General Hospital; Medi-Cal waiver for assisted living services; mobile methadone treatment; unresolved issued in the hospital financing waiver; and continuing to push for fair allocation of funds under Proposition 63.

Commissioners' Comments

- Commissioner Monfredini asked if confidence is justified in terms of Ryan White reauthorization. Mr. Boule said that we could be confident that reauthorization legislation will move forward, but San Francisco has a lot to worry about. San Francisco needs a hold harmless provision. Undoubtedly there will be an increase in the amount that San Francisco's annual allocation can be reduced. Commissioner Monfredini asked Mr. Boule for his initial reaction to the Governor's budget. Mr. Boule said that with regard to the state budget, there is not a lot of new money for health. But one of DPH's priorities is the infrastructure bond.

- Commissioner Illig said the Ryan White CARE fund had two parts: formula and supplemental. The hold harmless agreement relates to the formula allocation. He is concerned that over the past few years, San Francisco's supplemental requests have not been as successful as in the past. There are other troubling recommendations, including the requirement that 75 percent of funding go for core services, with no definition of core services. Commissioner Illig recommended that the Health Services Planning Council present its priorities to the Population Health and Prevention Joint Conference Committee. Mr. Boule said that the key factor in San Francisco's supplemental applications the shrinking amount of money that is available nationwide for supplementals, not necessarily inadequate applications. Dr. Katz added that some of the recent supplemental problems have been political problems. Commissioner Illig asked if the Department should consider name-based reporting. Dr. Katz said this is a policy decision for the Health Commission. As of now, the Health Commission's current policy about name-based reporting stands. Commissioner Illig asked if there has been success with the long-term care waiver. Mr. Boule said Assemblymember Yee put forth legislation that would have allowed a supportive housing waiver to move forward. This is stalled, and the legislation is being reworked.

- Commissioner Umekubo said one of the insidious components of the Medi-Cal waiver is the reduction in physician fees, and the Department should keep an eye on this. Mr. Boule said there was a proposed 4.4% reduction in physician services under Medicare, but this reduction has been reversed.

- Commissioner Tarver asked if DPH has a directory of contracts with private hospitals. Mr. Boule will follow up with the Contracts Office. Commissioner Tarver asked the status of funding for the Trauma Recovery Program. Mr. Boule said that unfortunately the Governor vetoed this legislation. Assemblymember Leno has committed to reintroducing legislation in 2006.

- Commissioner Guy added that the Department anticipated the reduction in CARE funds, and discussions around the integration of HIV/AIDS services into Primary Care and Community Behavioral Health should continue. There is going to be less money. Commissioner Guy asked that the Health Commission be kept apprised of legislative activity around both universal health care and prescription drug access.

- Commissioner Tarver looks forward to the Joint Conference Committee discussion around the integration of HIV/AIDS services.

7) APPROVAL OF A REVENUE SUPPLEMENTAL APPROPRIATION FOR SAN FRANCISCO GENERAL AND LAGUNA HONDA HOSPITALS

Gregg Sass, Chief Financial Officer, said the Department is requesting approval of a revenue supplemental appropriation of $10.259 million for expenditures that exceed budget at San Francisco General and Laguna Honda Hospitals. No general funds are requested. Revenues at San Francisco General are expected to exceed budget by $8.596 million. Revenues at Laguna Honda Hospital are expected to exceed budget by $10 million. Surplus revenues at San Francisco General Hospital primarily consist of higher than expected revenues for Medi-Cal as a result of Medi-Cal reform. Surplus revenues at Laguna Honda Hospital are due to a large increase in the Medi-Cal base per diem rates. The increased revenue from the base per diem may be partially offset by a corresponding reduction in supplemental payments (DP/NF). The revenue increase is a conservative estimate of the net effect of the increase and the offsetting reduction.

The supplemental will fund thee areas:

- $4.486 million unfavorable variance in Personal Services and Fringe Benefits due to high patient volume General Hospital;
- $2.915 million unfavorable variance due to need to retrofit a chiller than can no longer be repaired;
- $2.858 million unfavorable variance at Laguna Honda Hospital primary as a result of changes in staffing necessitated by a recent licensing survey at Laguna Honda.

Public Comment

- Sam Alicia Duke spoke on behalf of a community fund that could be funded through the excess revenues. This would be a good step in increasing community resources to help disabled and elderly individuals live in the community. Tomorrow is the grand opening of Eugene Coleman Community House. We need more of these developments throughout the city.

- Norma Sattan, Planning for Elders in the Central City, said they would like the Health Commission to consider using some of this excess money to create a community fund to provide more home and community-based long-term care services.

- Marie Jobling, co-chair of the Long-term Care Coordinating Council, said nobody should be at Laguna Honda Hospital or any other institution because of lack of community resources. The barrier is the development of alternatives, and this money provides a rare opportunity. If these revenues were put in a community trust fund, the Health Commission would be able to promote community alternatives without taking the money from someone else. She asked that the Health Commission consider for action at a future meeting the creation of a community fund.

- Elizabeth Zirker, Protection and Advocacy, supports the idea of using supplemental revenues to establish a community fund. San Francisco has made great efforts to comply with the Olmstead Act, but is not yet in compliance. San Francisco can take this opportunity to be creative to supplement adult day health, expand TCM, etc. This is an opportunity separate from the discussion around the Laguna Honda Hospital rebuild.

- Meg Cooch, Planning for Elders in the Central City, said the time is now for the Health Commission to act for alternatives to institutional care. Here is some unallocated money that can be directed into community-based services. The Long Term Care Coordinating Council has a plan toward which this money could be allocated.

- Tricia Webb said she is a living example of a person who lives in the community with services. She is independent. She does not have to depend on being institutionalized to get the services she needs. More people need these services, and this money should be put toward long-term care.

Commissioners' Comments

- Commissioner Monfredini asked Mr. Sass to clarify that the supplemental appropriation before the Health Commission is to fund overexpenditures due to cost of doing business at San Francisco General Hospital and Laguna Honda Hospital. Mr. Sass said that is correct.

- Commissioner Illig said this is an important opportunity that the Health Commission needs to move on. When the Controller came forward to the Health Commission in May with his report on Laguna Honda Hospital, one of the options was using the savings from operating a smaller LHH to create a community trust fund. This money is a windfall and provides an opportunity to start a community fund now. He recommends that the President refer this issue to one of the joint conference committees and come back to the Health Commission in the near future to consider creating a special fund with $7 million in excess revenues. If the Health Commission does not appropriate this money now, it will be used later for other things. Dr. Katz said what is before the Commission today is a supplemental to cover overexpenditures at SFGH and LHH. It is in the province of the Commission to recommend to the Board of Supervisors that they appropriate the remaining revenues differently. He supports the suggestion to refer this issue to a joint conference committee.

- Commissioner Tarver wants the Health Commission to have a role in setting priorities for how any excess money is spent, including the creation of a trust fund for Laguna Honda Hospital.

- Commissioner Sanchez said he supports the supplemental appropriation, and also supports further discussion around additional revenues.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved the $10.259 million revenue supplemental appropriation. The issue regarding the creation of a long-term care community trust fund was referred to the Community Health Network Joint Conference Committee for consideration and reported back to the Health Commission within 60 days.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini
President

Roma P. Guy, M.S.W
Vice President

Edward A. Chow, M.D.
Commissioner

James M. Illig
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, January 17, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 10, 2006**
**Minutes of the meeting of January 10, 2005*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

Items for Discussion and Approval

(3.1) **BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $3,603,817, with an annual contract amount of $2,402,544, for a total contract of $3,892,122, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2005 through December 31, 2006.
** Contract summary, Monitoring update, Monitoring report summaries, Corrective action plans, Client demographic information forms*

(3.2) **BHS** – Request for approval of a retroactive new contract with Rebekah Children's Service, in the amount of $168,000, with an annual contract amount of $112,000, to provide mental health services for children, for the period of July 1, 2005 through December 31, 2006.
** Contract summary*

(3.3) **BHS** – Request for approval of a retroactive new contract with Adolescent Treatment Centers, Inc. dba Thunder Road, in the amount of $165,000, with an annual contract amount of $110,000, to provide mental health services for children, for the period of July 1, 2005 through December 31, 2006.
** Contract summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY**
**List of Awardees*

6) **FOR ACTION:** **ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT FOR 2006**

7) **FOR DISCUSSION:** **FY 06-07 BUDGET: STRUCTURAL, INFLATIONARY, REVENUE, REVENUE-NEUTRAL AND REGULATORY ISSUES**
(Gregg Sass, Chief Financial Officer)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Adele Destro by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Ms. Destro or by printing

Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, January 17, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner Roma P. Guy, MSW, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner James M. Illig
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 10, 2006

Action Taken: The Commission approved the minutes from the January 10, 2006 Health Commission meeting, with amendments. The minutes will reflect the following changes:

Page 3	"methadone" changed to "methamphetamine"
Page 4	Added, for Item 3.1, "Susie Reichert, Senior Administrative Analyst for Community Programs/Placement" and "Commissioner Tarver requested Canyon Manor's Financials."
Page 14	Under "Commissioners' Comments," added, "Commissioner Guy supports the discussion about the community trust fund taking place

at the Community Health Network Joint Conference Committee (CHN JCC), primarily because this committee has a broader overview of the policy issues the Health Commission wants to examine and has members from across the Department. This does not preclude a presentation to the Laguna Honda Hospital Joint Conference Committee as well. In addition, several community members were de-linking the idea of the community trust fund from Laguna Honda, which is another reason she thinks the initial discussion should take place at the CHN JCC."

Page 12 Commissioner Chow clarified that Congress has not yet voted on whether the Medicaid physician fee reduction will not continue into 2006.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Illig chaired and Commissioner Sanchez and Commissioner Chow attended the Budget Committee meeting.

(3.1) **BHS** – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $3,603,817, with an annual contract amount of $2,402,544, for a total contract of $3,892,122, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2005 through December 31, 2006.

Secretary's Note – Commissioner Tarver abstained from voting on this item.

Commissioners' Comments

- Commissioner Illig asked what steps have been taken to improve the program, and what issues still exist. Mr. Stillwell said by and large the methadone program is okay. The agency spent a lot of time selecting a physician, so the concern has been met there. The continuing concern is with the two outpatient programs. They are currently being put out to bid through the RFP process. Dr. Boles, Executive Director of Westside Community Mental Health, said that productivity is slightly better than 2003-04, but there is still a productivity issue. Dr. Boles brought on new staff that is dually-diagnosed trained. The agency is retooling and retraining staff, and retooling the program. Quality of care will improve, and he hopes to increase productivity as well. Westside's new model is what the agency is proposing in its response to the new RFP.

- Commissioner Sanchez asked if the agency feels it has reached a place where it has adequate staffing to begin to show measurable improvements and qualitative pathways. Is the agency fully staffed? Dr. Boles said they are fully staffed, confident that the level of training will meet program need. Now the focus is on bringing in clients. The outstanding question that he has is that they have integrated services but non-integrated funding.

- Commissioner Chow said Westside has a long history of service, and it is distressing to see that the agency has had difficulty meeting productivity goals. He asked for a six-month status report to the Health Commission through the Community Health Network Joint Conference Committee. Commissioner Chow said that, given the move toward 18-month contracts, the annual amount must be clearly articulated in the contract documents so that any reduction or increase can be easily identified.

(3.2) **BHS** – Request for approval of a retroactive new contract with Rebekah Children's Service, in the amount of $168,000, with an annual contract amount of $112,000, to provide mental health services for children, for the period of July 1, 2005 through December 31, 2006.

Commissioners' Comments

- Commissioner Chow asked if it remains the case that DPH needs to place adolescents out of county due to lack of facilities in San Francisco. Helaine Weinstein, CBHS, said this is true.
- Commissioner Sanchez said that it would be good to look at what kids are being served over time and where. Gilroy and other suburban areas are so different from urban life, and it would be interesting to track success when placed back into an urban environment.
- Commissioner Illig said that the contract with DPH is for day treatment services, and asked who pays for the residential portion. Ms. Weinstein said the agency that places the child pays for the placement. In the case of this contract, it is the Human Services Agency. For Thunder Road (the next contract), it is primarily the Department of Juvenile Probation, although they are open to all referrals.

(3.3) **BHS** – Request for approval of a retroactive new contract with Adolescent Treatment Centers, Inc. dba Thunder Road, in the amount of $165,000, with an annual contract amount of $110,000, to provide mental health services for children, for the period of July 1, 2005 through December 31, 2006.

Action Taken: The Health Commission approved the Budget Committee Consent Calendar. Commissioner Tarver abstained from voting on Item 3.1.

The Health Commission requested a six-month update to the Community Health Network Joint Conference Committee on the Westside Community Mental Health contract.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

State Budget

On January 10th, Governor Schwarzenegger released his proposed budget for FY 2006-07. The $125.6 billion proposal includes $97.9 billion in general fund expenditures and a $1.2 billion (4%) spending increase for health and human services programs. The bulk of these increases cover rising Medi-Cal caseloads and higher health care costs. However, $72 million is included to increase enrollment of children in the Medi-Cal and Healthy Families programs through public awareness campaigns and simplification of the application process. Approximately $20 million of these funds would be earmarked for counties to support local outreach and enrollment efforts. An additional $9.6 million is proposed to streamline enrollment in the Healthy Families program through increased use of online applications. The Administration estimates that these funds will facilitate enrollment of approximately 300,000 uninsured children.

The budget proposal also includes $45.8 million in new State funds for disaster response programs, a $28.5 million increase for the AIDS Drug Assistance Program (ADAP) and $19 million to hire more inspectors for nursing homes, hospitals and other health facilities. Reimbursement rates for long-term care facilities, like Laguna Honda, that serve Medi-Cal patients are also increased by 5.4% in the budget.

Despite the defeat of Proposition 76, the Governor again proposed language giving the Director of Finance authority to make mid-year budget cuts. Reductions would be limited to 25% of the affected appropriation. The new State fiscal year begins on July 1st. The budget bill will now go to the Assembly and Senate Budget Committees for review. Passage of the budget requires a two-thirds vote in both chambers.

Chronic Diabetes Initiative Recognized

Silver Avenue Health Center, Chinatown Public Health Center, Potrero Hill Health Center and Family Health Center at SFGH were honored at the December 2005 California Association of Public Hospitals Annual Meeting for their successful completion of the year-long *Chronic Care Learning Communities (CCLC) Initiative Diabetes Collaborative.* The recognition was sponsored by CAPH - Safety Net Institute and included nine California county health system clinics.

The San Francisco CCLC teams redesigned care for their diabetes pilot groups by adopting a diabetes registry, promoting patient self management, expanding staff roles, and developing multilingual group medical visits and group diabetes education classes. Several clinics started Yoga and Tai Chi classes in order to develop a "Wellness Center" clinic model. Monthly reports tracked care measures, showing improved rates of interventions to prevent long-term complications (foot exams, retinal exams, lipid control).

The four CCLC teams and Ocean Park Health Center's diabetes team will continue the care redesign and reporting of care indicators in 2006, and will meet together periodically to spread improvement in chronic disease care in SF DPH.

New Program Manager for Laguna Honda Replacement Program

Dr. Katz announced that John Thomas has been appointed as the new Program Manager for the Laguna Honda Hospital Replacement Program replacing Michael Lane. John Thomas brings 19 years of experience and expertise with the City and County of San Francisco. He came to the City with a degree in Civil Engineering and spent his first seven years working for the Department of Public Works on the Embarcadero Roadway Replacement. Mr. Thomas worked for MUNI as a Senior Project Manager since 1996. During the last four years, he managed MUNI's Central Subway Project, which is Phase 2 of the Third Street Light Rail Program. DPH is very fortunate to have John join our team on the Laguna Honda Hospital Replacement Program.

Community Health Network San Francisco General Hospital Credentials Report, January 2006

	01/06	07/05 to 01/06
New Appointments	9	108
Reinstatements	0	0
Reappointments	48	227
Delinquencies:	0	0
Reappointment Denials:	0	0

Resigned/Retired:	9	76
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	6	32
Voluntary Relinquishments	7	21
Proctorship Completed	23	71
Proctorship Extension	0	6
Current Statistics – as of 01/1/06		
Active Staff	469	
Courtesy Staff	581	
Affiliate Professionals (non-physicians)	190	
TOTAL MEMBERS	1,240	
Applications In Process	21	
Applications Withdrawn Month of January 2006	0	2 (07/05 to 01/06)
SFGH Reappointments in Process Feb. 2006 to May 2006	231	

Commissioners' Comments

- Commissioner Monfredini welcomed Mr. Thomas to the Department and looks forward to his input in moving forward on this very important project.

- Commissioner Chow asked if the Governor's budget intends to change the MediCal fee for service reimbursement rates, which were reduced by five percent last year. Mr. Sass said this reduction did not have that great of an impact on DPH, and where it does affect the fee for service side, public hospitals are getting an FFP supplemental. Commissioner Chow asked if there are any reductions in capitation. Mr. Sass is unaware of any changes. Dr Katz said the 5% reduction is not scheduled for change, so will continue for this year. Commissioner Chow asked if other primary care clinics would implement the diabetes chronic care initiative, and other model programs that are found to be successful. Dr. Katz said it would become part of the standard way DPH cares for patients with diabetes, and will likely be the way DPH cares for all chronic diseases.

- Commissioner Illig said there was a lot of discussion around State funding for seismic repairs, and asked if the Governor's budget includes this. Dr. Katz said there is nothing for seismic improvement in the Governor's bond. There continue to be suggestions that the Legislature will offer a separate proposal. Commissioner Illig asked if the increase in long-term care reimbursement rates is above and beyond what DPH received this year. Mr. Sass said as he reads it, the increase of next year is expected to be about half of last year's, and is one of the better pieces of good news. Commissioner Illig asked if there is any expansion in Governor's budget for community-based care under MediCal. Mr. Sass said not to his knowledge.

- Commissioner Guy asked if the Governor's proposal to expand the number of children who receive health insurance would have positive consequences for San Francisco. Dr. Katz said not really because the money is only available for outreach. There may be children in San Francisco who are eligible for MediCal but not enrolled, and this money might help capture these people.

5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF JANUARY

Commissioner Guy presented the Employee Recognition Awards for the month of January. 25 years ago, she worked with Ms. Biblowitz in Togo, Africa. She greatly appreciates Ms. Biblowitz's ongoing advocacy around public health issues.

Individual Award #1	**Division**	**Nominated By**
Robert Kohn	Population Health & Prevention	Wendy Wolf and Charlotte Kent

Individual Award #2	**Division**	**Nominated By**
Iris Biblowitz	DPH	Ninfa Alvarez Pleitas Lee McGrath Robin Allen-Contreras Michele Dickstein Sonia Perez Linette Martinez Ann Dallman Maria Porch Kat Peine Maritza Alvarez-Granados

6) ELECTION OF HEALTH COMMISSION PRESIDENT AND VICE PRESIDENT FOR 2006

Commissioner Guy nominated Commissioner Monfredini to serve as President of the Health Commission. She supports Commissioner Monfredini because of her commitment to and leadership for long-term care, the Laguna Honda Hospital rebuild and the rebuild of San Francisco General Hospital. She appreciates that Commissioner Monfredini has maintained her voice on the strategic priority of funding the integration and modernization of primary care and primary prevention.

Commissioner Chow seconded the nomination. He has worked with Commissioner Monfredini for many years, and for all the reasons Commissioner Guy cites, it is fitting that Commissioner Monfredini serve another year as president. She acts on behalf of the residents of San Francisco and is emotionally committed to all patients who are part of our system. It is extremely important that the Health Commission continues to be an objective voice about the health care needs of San Francisco.

Commissioner Sanchez echoed the above sentiments, and moved the nomination.

Action Taken: The Commission elected Commissioner Monfredini to serve as President of the Health Commission for 2006.

Commissioner Tarver nominated Commissioner Illig to serve as Vice President of the Health Commission. Commissioner Illig is distinguished by being force of nature—highly opinionated, keenly intelligent and compassionate. Commissioner Illig will continue to work effectively with fellow Health Commissioners, department staff, the Mayor's Office, Board of Supervisors, community partners and others.

Commissioner Chow seconded the nomination of Commissioner Illig, whom he has had the opportunity to work with on the Budget Committee and Laguna Honda Hospital Joint Conference Committee. He will be an effective leader.

Commissioner Sanchez moved the nomination.

Action Taken: The Commission elected Commissioner Illig to serve as Vice President of the Health Commission for 2006.

Commissioner Monfredini thanked everyone for their nice comments. She and Commissioner Illig will be working side by side over the coming year for the good of the whole of the Department, and there will be no opportunity to put a wedge between this team. They will be hard working team who, working closely with Dr. Katz, will forward the mission of the Health Department.

Commissioner Illig thanked his fellow commissioners. He is looking forward to a closer working relationship between the Health Commission and the Mayor's Office, and better communication among the Health Commissioners. There are health policy decisions being made, and the Health Commission needs to be at the center of these decisions, be it the rebuild, the HMA report, and other issues.

Commissioner Guy said that it is important to note that in the latest round of nominations, the usual protocol was not followed and next year the Health Commission should put in writing rules around how officers are nominated, committee assignments are made, and other issues.

Commissioner Monfredini announced that there will be new committee assignments and she and Commissioner Illig will be contacting commissioners about desired assignments.

7) FY 06-07 BUDGET: STRUCTURAL, INFLATIONARY, REVENUE, REVENUE-NEUTRAL AND REGULATORY ISSUES

Gregg Sass, Chief Financial Officer, presented the structural, inflationary, revenue, revenue-neutral and regulatory issues that are part of the FY 2006-2007 budget proposal. In this planning process, the Department moved toward an integrated approach to the budget process. Following the issuance of the Health Management Associates report, the Department moved quickly on a key recommendation to establish and Integrated Steering Committee of senior administrative and clinical leadership from the Department's delivery system. This leadership group is functioning as the Executive Budget Planning Committee for the Department. Key initiatives under development include:

- Integrated plan to coordinate placement of long-term patients in the most appropriate and cost effective settings; and
- Initiatives to restructure the primary care delivery system to expand capacity, increase productivity and improve financial performance.

Mr. Sass described the citywide budget, which has a total projected shortfall of $80 million. The shortfall projection assumes that the City will resume payment for the 7.5% employee share of retirement contributions in accordance with negotiated labor agreements, but that no wage increase would be provided for the nearly forty employee groups whose contracts will be open for negotiation next year. To the extent that wage increases are provided, the cost of funding those increases would add to the projected shortfall.

Mayor's Budget Instructions state that departments must absorb half the cost of restoring the employee pickup. For DPH, the projected cost of this restoration is $14.26 million and therefore the amount we must absorb is $7.13 million. The Mayor's instructions also require Departments to submit a list of expenditure savings worth 3% of the Department's reduced general fund subside in the event additional reductions become necessary. This translates to an additional reduction of $7.8 million. Finally, departments should propose one-time investments and expenditures equal to 3% of general fund.

Mr. Sass said that before the Health Department can begin to address the requirement to decrease its general fund, it must take into account unavoidable increases in the cost of doing business that result from structural, inflationary and regulatory issues. Mr. Sass described the components of each area. Total regulatory issues amount to $2,414,573. Total inflationary issues amount to $9,049,803. Total structural costs are $14,247,535. Revenue neutral programs are new services that are funded entirely through revenues linked to the service. In this budget, DPH proposes to include 22 initiatives. Total Revenue Neutral Programs net the Department $315,067. And finally, the Department continues to explore opportunities to increase revenues. Mr. Staff said they have identified increased revenues at SFGH, CBHS, LHH, Primary Care and Environmental Health that total $28,364,023.

The full report, which includes a list of all structural, inflationary and regulatory issues, revenue-neutral programs and increased revenues, can be found on the DPH website at www.sfdph.org/budget/.

Mr. Sass said the net effect of all inflationary, regulatory, structural, revenue neutral and revenue increases results in a surplus of $2,967,178. This surplus could be put towards the Mayor's Budget instructions to absorb $7.13 million for restoration of the retirement pickup and $7.8 million for the three percent general fund savings target.

Dr. Katz gave a big picture overview of the budget. The first scenario is always the worst scenario. Given past years, an $80 million shortfall is an improvement, and the revenue picture might get better. In terms of DPH's budget, the Health Department's general fund has decreased despite the extent of health care inflation. That the Department has been able to manage this with relatively little service disruption is commendable. Dr. Katz said the Department sent a letter to all agencies asking them what their increases are. The two responses to this information are either to provide funding for the increases or decrease services. The Health Commission will be presented with policy issues at the next stage of the budget process. Dr. Katz is very pleased with the revenue neutral proposals. Dr. Katz was troubled to see how much the increased cost of doing business eats into additional revenue.

Commissioners' Comments

- Commissioner Monfredini said this is a kinder picture than past years, but there are still challenges. She asked if there was any wiggle room around the addition of an agricultural commissioner. Dr. Katz said this is a state mandated positions.

- Commissioner Illig said that these structural issues are policy decisions, and he is going to be weighing these items with the budget cuts that will be proposed. The Health Commission needs to address the policy decision around whether the Department hires staff as soon as it gets money. He will pay particular attention to the structural issues. He thanked Dr. Katz and Mr. Sass for including a budget estimate on the cost of a contractor COLA, however he is disturbed that it is only for general fund contracts.

- Commissioner Tarver said it is clear that there are some policy considerations around the structural issues that are presented here. He is pleased to see that there are opportunities to increase revenues. He said there might be opportunities to increase fees. The Chief Operating Officer position will increase effectiveness, and could be considered cost-recovery. He also asked about the dialysis unit. Mr. Sass said staff is going through all line items again to fully examine all underlying assumptions, including whether or not certain items should be considered structural fixes. Dr. Katz said the LHH dialysis unit in the budget next year. Commissioner Tarver asked if the Department has a three-year budget plan. Dr. Katz said many people have called for this, but the city can only appropriate a year at a time. Commissioner Tarver thought that Medicare Part D would be a plus for the Department. Dr. Katz said Part D Medicare saves money for people who are Medicare only, but costs money for people who are Medi-Medi, primarily due to the co-pay. The co-pay must be paid, and DPH's policy is to currently not to charge co-pays. Commissioner Tarver is still waiting for information about how many long-term care beds DPH has, and what types of beds. He asked if there is the opportunity to increase the number of community-based facilities, be it another MHRF or more Broderick houses, that DPH could use rather than buying L facility beds.

Public Comment

- Richard Healey, Executive Director, Conard House, thanked the Department for including the cost of a COLA in the budget projections. Ms. Garcia spoke to the Human Services Network last week about the effort to identify contractor cost of doing business, and it will be interesting to see the result of the surveys.

- Eve Meyers, San Francisco Suicide Prevention, thanked the Department for including contractor cost of doing business at the front end of the budget discussions.

Commissioners' Comments (continued)

- Commissioner Sanchez thanked Dr. Katz and all the staff that has been involved in the process of developing this model that will be used to develop the budget. It is very revealing and brings to the Health Commission's attention how far ahead of other counties San Francisco is in health care delivery.

- Commissioner Umekubo is pleased to see that the Integrated Steering Committee is working well. He is very excited about the heart failure clinic. Heart failure is the number one diagnosis for admission and if patients could be screened and treated before having to be admitted, this could save money over the long term.

- Commissioner Chow complimented the continuation of this budget format, which allows the Commission the opportunity to review the foundations of the budget. He is pleased that a number of the revenue-neutral programs really move the Department into preventive primary care, and he encouraged a continuation of this type of creativity. Colon cancer screening and the breast and cervical cancer navigator program are two examples. Commissioner Chow asked for additional information on the following issues: the Chief Operating Officer, and how this position could benefit the Department; how many nurses are necessary to comply with state mandated nursing ratios; what is the rationale for needing 6.75 additional pharmacists, and is this truly a JCAHO; and a better understanding of what is meant by position adjustments/corrections. He asked when the next phase would be. Dr. Katz said staff would provide answers to these questions. He said that 6.5 FTE pharmacist equates to one pharmacist for a 24-hour operation. CMS quite really critical of the pharmacy. The COO will come to the Commission as a new initiative. The issue that needs the most global work is the discussion around the use of residential beds, and the types of patients that DPH needs placements for. In terms of process, this will come back to the Health Commission some time in February.

- Commissioner Guy said the way the Commission has discussions around assumptions is important. For example, she would not be checking all the assumptions around the cancer navigator, because she has been involved in this project and evidence shows it works. She does not want to check out the assumption whether or not there is a Health at Home. Four years ago DPH and the Health Commission began the discussion around the assumptions about the rebuild of San Francisco General Hospital. Many assumptions are not going to be managed and decided upon by the time we need to submit the budget. There are various kinds of assumptions—regulatory, evidence-based, etc.—and there needs to be an understanding of this as we move into the next round. Another important discussion that needs to take place is how the budget fits into the Strategic Plan. It would add value if the Commission could look at budget initiatives in terms of how they fit into the DPH mission and our strategic plan.

- Commissioner Illig asked what is included in the 31% fringe benefit. He also asked if the 15 percent retirement contribution is on top of the 31% fringe benefit. His point is that it is expensive to hire civil service employees, so he wants to have policy discussions around whether civil service is the best way to treat our patients. Mr. Sass will provide the Commission with a list of what is included in fringe benefits.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:45 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, February 7, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 17, 2006**
**Minutes of the meeting of January 17, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner James M. Illig)

Items for Approval

(3.1) **PHP-AIDS Office** – Request for approval to accept retroactively and expend the Year 2 subcontract from PHFE Management Solutions, in the amount of $55,140, for HIV Prevention Trials Unit Protocol 039, for the period of July 1, 2005 to June 30, 2006.
** Request memo, Grant information form, Budget pages*

(3.2) **AIDS OFFICE-HIV/AIDS Stats & Epidemiology** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $98,483, including a 12% contingency, to provide fiscal intermediary support for the HIV/AIDS surveillance activities for the AIDS Office - HIV/AIDS Statistics & Epidemiology Section, for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Final evaluation report, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Catholic Health Care West – St. Mary's HIV Care Program, in the amount of $216,160, including a 12% contingency, to provide Primary Care Services targeting persons with HIV who reside in San Francisco, for the period of November 1, 2005 through February 28, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.4) **PHP-AIDS Office** – Request for approval of a resolution approving FY 2006-07 interim agreements that incorporate an extension of the terms of the FY 2005-06 HIV Health Services Federal Ryan White CARE Title I contracts.
** Request memo, Resolution*

(3.5) **PHP-Housing & Urban Health** – Request for approval of a resolution approving FY 2006-07 interim agreements that incorporate an extension of the terms of the FY 2005-06 Housing & Urban Health AIDS CARE Title I MOU contracts.
** Request memo, Resolution*

(3.6) **PHP-Housing & Urban Health** – Request for approval to accept and expend a grant from the Department of Housing and Urban Development, in the amount of $982,033, to expand the Direct Access to Housing program for the period of April 1, 2006 to March 31, 2008, and sole source personal services contracts with Community Awareness and Treatment Services and Tenants and Owners Development Corporation, in the amount of $892,800 for the same time period.
** Request memo, Grant information form, Budget narrative*

(3.7) **BHS** – Request for approval of a retroactive contract renewal with City College of San Francisco in the amount of $91,800 per year, for a total contract amount of $462,672, including a 12% contingency, to provide substance abuse counselor credentialing services, for the period of July 1, 2005 through December 31, 2009.
** Contract summary, Monitoring report memo, Monitoring report summary, Cultural competency report*

(3.8) **CHP-Primary Care** – Request for approval of a retroactive contract renewal with San Francisco Bar Association, in the amount of $485,120, with an annual contract amount of $121,280, for a total contract of $543,334, including a 12% contingency, to provide Supplemental Security Income application assistance to the chronically homeless and mentally ill in San Francisco, for the period of July 1, 2005 through June 30, 2009.
** Contract summary, Program update, Monitoring protocol, Client demographic information form*

Items for Discussion and Approval

(3.9) **BHS** – Request for approval of a retroactive contract with the Regents of the University of California Center on Deafness, in the amount of $492,361, to provide mental health and substance abuse outpatient services, for the period of July 1, 2005 through June 30, 2006.
** Contract summary, Program update, Monitoring report summaries, Corrective action plan, Client demographic information forms*

(3.10) **CHN-SFGH** – Request for approval of the addition of HealthSource Global Staffing, Inc., to the previously approved contract of $2,700,000 that is shared by eight contractors: Agostini Medical Staffing, Arcadia Health Services, Inc., Crdentia Corporation, First Call Nursing Services, Inc., HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary per diem and traveling nursing personnel services for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.
** Request memo*

(3.11) **CHN-SFGH** – Request for retroactive approval of a previously executed emergency contract in the amount of $100,000 with Nurse One Staffing, LLC, to provide supplemental, temporary per diem and traveling nursing personnel services under a state of health emergency for San Francisco General Hospital, for the period of December 1, 2005 through June 30, 2006, per San Francisco City and County's Administrative Code, Section 21.15, Emergency Procurement Procedures.
** Request memo*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION AND POSSIBLE ACTION:** **RESOLUTION SUPPORTING THE CREATION OF A COMMUNITY LIVING TRUST FUND**
(James M. Illig, Vice President, Health Commission)
**Resolution*

6) **FOR DISCUSSION:** **2ND QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)

7) **PUBLIC COMMENT** **

8) **CLOSED SESSION:**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Approval of a settlement of the audit appeal of the City and County of San Francisco, Substance Abuse and Crime Prevention Act, OAH No. N2005030518. City to pay $1,088,685.00. City to keep $855,794.00

D) Reconvene in Open Session

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).) (Action item)

9) DISCUSSION OF FUTURE HEALTH COMMISSION AGENDAS

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 7, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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2/7/06

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner, James M. Illig, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sanchez, Jr., Ph.D. – left at 5:40 p.m.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Commissioner Monfredini announced the Health Commission committee assignments:

JOINT CONFERENCE COMMITTEE FOR COMMUNITY HEALTH NETWORK
- James M. Illig, Chair
- Donald E. Tarver, II, M.D., Member
- Roma P. Guy, Member
- Alejandra Rodas, Youth Health Advisor

JOINT CONFERENCE COMMITTEE FOR LAGUNA HONDA HOSPITAL
- Edward A. Chow, M.D., Chair
- David J. Sanchez, Jr., Ph.D., Member

JOINT CONFERENCE COMMITTEE FOR POPULATION HEALTH AND PREVENTION
Roma P. Guy, Chair
Lee Ann Monfredini, Member
Milo Santos, Youth Health Advisor

JOINT CONFERENCE COMMITTEE FOR SAN FRANCISCO GENERAL HOSPITAL
Lee Ann Monfredini, Chair
John I. Umekubo, M.D., Member

BUDGET COMMITTEE
David J. Sanchez, Jr., Ph.D., Chair
Edward A. Chow, M.D., Member
Donald E. Tarver, M.D., Member

IHSS PUBLIC AUTHORITY
James M. Illig

S.F. HEALTH AUTHORITY
John I. Umekubo, M.D.

SFGH FOUNDATION
David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JANUARY 17, 2006

Action Taken: The Commission approved the minutes of the January 17, 2006 Health Commission meeting, with the following corrections: page 2 – "Medicare" in place of "Medicaid." Page 5 – added to Dr. Katz's comments "He added that while the San Francisco Health Plan would see a reduction, it decided not to reduce capitation to its medical groups;" Page 7 - Commissioner Sanchez moved that the nominations for President and Vice President be closed.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Items for Approval

(3.1) **PHP-AIDS Office** – Request for approval to accept retroactively and expend the Year 2 subcontract from PHFE Management Solutions, in the amount of $55,140, for HIV Prevention Trials Unit Protocol 039, for the period of July 1, 2005 to June 30, 2006.

(3.2) **AIDS OFFICE-HIV/AIDS Stats & Epidemiology** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $98,483, including a 12% contingency, to provide fiscal intermediary support for the HIV/AIDS surveillance activities for the AIDS Office - HIV/AIDS Statistics & Epidemiology Section, for the period of January 1, 2006 through December 31, 2006.

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Catholic Health Care West – St. Mary's HIV Care Program, in the amount of $216,160, including a 12% contingency, to provide Primary Care Services targeting persons with HIV who reside in San Francisco, for the period of November 1, 2005 through February 28, 2006.

> Secretary's Note – Commissioner Illig and Commissioner Umekubo abstained from voting on this item.

(3.4) **PHP-AIDS Office** – Request for approval of a resolution approving FY 2006-07 interim agreements that incorporate an extension of the terms of the FY 2005-06 HIV Health Services Federal Ryan White CARE Title I contracts.

> Secretary's Note – Commissioner Tarver abstained from voting on this item as it relates to Baker Places. Commissioner Illig abstained from voting on this item as it relates to Project Open Hand.

(3.5) **PHP-Housing & Urban Health** – Request for approval of a resolution approving FY 2006-07 interim agreements that incorporate an extension of the terms of the FY 2005-06 Housing & Urban Health AIDS CARE Title I MOU contracts.

> Secretary's Note – Commissioner Tarver abstained from voting on this item as it relates to Baker Places.

(3.6) **PHP-Housing & Urban Health** – Request for approval to accept and expend a grant from the Department of Housing and Urban Development, in the amount of $982,033, to expand the Direct Access to Housing program for the period of April 1, 2006 to March 31, 2008, and sole source personal services contracts with Community Awareness and Treatment Services and Tenants and Owners Development Corporation, in the amount of $892,800 for the same time period.

Commissioners' Comments

- Commissioner Tarver noted for the record that the cost of this contract is approximately $14,400 per person. This highlights the cost of supportive housing. With $7 million, the Department could serve approximately 486 people.

(3.7) **BHS** – Request for approval of a retroactive contract renewal with City College of San Francisco in the amount of $91,800 per year, for a total contract amount of $462,672, including a 12% contingency, to provide substance abuse counselor credentialing services, for the period of July 1, 2005 through December 31, 2009.

(3.8) **CHP-Primary Care** – Request for approval of a retroactive contract renewal with San Francisco Bar Association, in the amount of $485,120, with an annual contract amount of $121,280, for a total contract of $543,334, including a 12% contingency, to provide Supplemental Security Income application assistance to the chronically homeless and mentally ill in San Francisco, for the period of July 1, 2005 through June 30, 2009.

Items for Discussion and Approval

(3.9) **BHS** – Request for approval of a retroactive contract with the Regents of the University of California Center on Deafness, in the amount of $492,361, to provide mental health and substance abuse outpatient services, for the period of July 1, 2005 through June 30, 2006.

(3.10) **CHN-SFGH** – Request for approval of the addition of HealthSource Global Staffing, Inc., to the previously approved contract of $2,700,000 that is shared by eight contractors: Agostini Medical Staffing, Arcadia Health Services, Inc., Crdentia Corporation, First Call Nursing Services, Inc., HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and United Nursing International, to provide supplemental, temporary per diem and traveling nursing personnel services for San Francisco General Hospital, for the period of July 1, 2005 through June 30, 2006.

(3.11) **CHN-SFGH** – Request for retroactive approval of a previously executed emergency contract in the amount of $100,000 with Nurse One Staffing, LLC, to provide supplemental, temporary per diem and traveling nursing personnel services under a state of health emergency for San Francisco General Hospital, for the period of December 1, 2005 through June 30, 2006, per San Francisco City and County's Administrative Code, Section 21.15, Emergency Procurement Procedures.

Action Taken: The Commission approved the Budget Committee Consent Calendar, including Resolution 01-06, "Approving Fiscal Year 2006/07 Interim Agreements Incorporating an Extension of the Terms of Fiscal Year 2005-06 HIV Health Services Program Contracts for the Department of Public Health," (Attachment A) and Resolution 02-06, "Approving Fiscal Year 2006/07 Interim Agreements Incorporating an Extension of the Terms of Fiscal Year 2005-06 Housing and Urban Health Program Contracts for the Department of Public Health," (Attachment B).

Commissioner Illig abstained from voting on Item 3.3 and Item 3.4 as it relates to Project Open Hand. Commissioner Tarver abstained from voting on Item 3.4 and 3.5 as it relates to Baker Places. Commissioner Umekubo abstained from voting on Item 3.3.

The Commission asked for an update to the Budget Committee in one year for Item 3.8.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Revenue Supplemental Appropriation

The Mayor is submitting the revenue supplemental today that was approved by the Health Commission on January 11th. The supplemental is being revised to include additional one-time costs funded with Health Department surplus revenues augmented with State Funding and additional City General Funds that are also one-time in nature. The Health Commission approved an initial revenue supplemental appropriation of $10.26M on January 11th, which was later increased to include $2.4M for work orders and contract expenses. This has now been increased to fund:

- $1,755,000 for efficiency improvements in the neighborhood health centers,
- $9,495,000 for furniture, fixtures and equipment for the Laguna Honda rebuild, and
- $25,000,000 to fund the environmental impact report and design phase for the SFGH rebuild.

The supplemental will utilize $27.6M of DPH's projected surplus revenues, $4M in SB90 state funding and City General Funds of $17.3M.

Universal Healthcare Council
Today Mayor Newsom announced the formation of a new advisory group, the Universal Healthcare Council. The Council is tasked with delivering a report in 100 days outlining implementation steps for the Mayor's proposed defined benefit program. Co-chairing the Council are Sandra Hernandez, M.D., CEO of the San Francisco Foundation and Lloyd Dean, CEO of Catholic Healthcare West. The defined benefit program will provide uninsured San Franciscans access to health care services at an affordable cost through the Department of Public Health and the SF Consortium Clinics. Components of the defined benefit program include:

  - Routine health screening and physical exams
  - Prenatal care
  - Primary care
  - Pharmacy
  - Planned hospitalization
  - Emergency services

Currently the proposal enjoys widespread support from business, labor and health care advocates. Supervisor Tom Ammiano amended his Universal Healthcare legislation to allow the new defined benefit program as an option. Once implemented the program will require an expansion of our health care system. Dr. Katz will keep the Commission apprised of the Council's progress.

Laguna Honda Special Use District Initiative
As the Commission is aware, a group of activists has presented the Department of Elections a signature drive that, if approved, will place an initiative on the ballot that will severely limit future admissions to Laguna Honda Hospital based on age and long-term disability needs. One of the critical elements of public health is to be able to respond to emerging needs of a population, of which Laguna Honda Hospital has a long and proud history. Had this initiative been in place prior to 1980, the Department would not have been able to open an AIDS Ward at LHH. DPH understands and shares the concern that the public has in wanting to protect the residents of Laguna Honda Hospital and have taken a number of steps to strengthen security and carefully screen new patients. DPH continues to admit patients based on the Mayor's directive of 2004, giving first priority to those from the community, those at risk of becoming homeless, and, finally, transfers from San Francisco General Hospital that meet the appropriate criteria. The Director's Report included clippings from today's *Chronicle* and *Examiner*.

President Bush's FY 2007 Budget
President Bush's FY 2007 budget was released yesterday. The proposal predicts a record deficit of $423 billion in 2006 and reduces funding for domestic programs. Overall, a $5.3 billion cut is proposed for non-security domestic discretionary programs, including a $126 million cut to discretionary health programs. When inflation is taken into account, the total proposed cut to non-entitlement, non-security domestic programs is $16.8 billion.

Although $11 billion in cuts to Medicaid services were just enacted, the budget would cut another $14 billion from Medicaid over the next five years. Proposed cuts include further limits on intergovernmental transfers, cuts to payments for targeted case management and reduced administrative funding. Greater cuts are proposed for Medicare, which would lose $2.5 billion in FY 2007 and $36 billion over the next 5 years. These include an $8.1 billion reduction in Medicare hospital inpatient and outpatient reimbursements and $6.2 billion in savings generated by phasing out, over the next 4 years, Medicare bad debt payments for inpatient and outpatient hospital services. Medicare payment rates for skilled nursing homes and home health agencies would be frozen in 2007, and scheduled inflation increases for these services in 2008 and 2009 reduced. The budget also allows a scheduled cut in 2007 to Medicare physician payments to go forward.

The House and Senate Budget Committees have until April 15 to hold budget hearings, mark up a Budget Resolution and resolve differences between the House and Senate Resolutions. It is not unusual, however, for Congress to miss the April 15th target.

Laguna Honda Licensing and Certification Survey

State inspectors from the Department of Health Services arrived at Laguna Honda Hospital (LHH) on Sunday, February 5th for their annual Licensing and Certification survey. They are also joined by federal inspectors from the Centers for Medicare & Medicaid Services. There are a total of 17 inspectors. They are expected to conduct their evaluation at LHH over the next two weeks.

SF Asthma Task Force Project

A number of key steps have been taken by the Board of Supervisors' Asthma Task Force. Most notably, the Task Force achieved its goal of recruiting and hosting 75 participants at the Certified Asthma Educator Certification Exam Review Course was held on February 2-3 and taught by the Association of Asthma Educators. The Task Force intends to financially support each candidate's registration and successful completion of the Asthma Educator certification exam and to support ongoing informal seminars and other resources.

The National Asthma Educator Certification Board initiated the professional exam process in September 2002. As of November 30, 2005, there were 1,420 AE-C certificants nationwide, with a national pass rate of 70 percent. In their words, "By providing a certification process, patients, providers and healthcare payers will be assured that information provided by a Certified Asthma Educator (AE-C®) is based upon scientifically sound concepts." Another goal of the Board is to secure third-party reimbursement for asthma counseling by the Centers for Medicare & Medicaid Services.

The Task Force reached out to a broad and impressive spectrum of hospitals and clinics that serve patients most in need of asthma self-management education. Many staff in non-clinical programs are involved as well as health professionals serving adults with asthma.

Additional financial support for the project has been provided by the Asthma Resource Center, Inc., through contributions to date from Kaiser Permanente SF, CPMC Community Benefits and Genentech.

Prop 65

The San Francisco Health Code was recently amended to require the Department of Public Health to enforce existing Prop 65 (Safe Drinking Water and Toxic Enforcement Act of 1986) requirements in all restaurants and markets. Prop 65 requires the public to be notified about the presence of certain chemicals in foods, beverages or other consumer products that cause cancer, birth defects, or other reproductive harm. The San Francisco Law requires the warning sign to be posted in Chinese, Spanish, and English. On January 12th, Environmental Health sent out a letter to food establishment owners and operators explaining the new requirement, along with a list of frequently asked questions and answers about the new law and a multi-lingual warning sign that meets the Prop 65 requirements.

Medical Cannabis Dispensary Act
The Board of Supervisors recently amended the City's Planning and Health Codes by requiring a Health Department permit to operate a medical cannabis dispensary, setting up zoning restrictions, requiring the Planning Commission to hold discretionary review hearings, setting up an application process, establishing operating requirements, and requiring the Health Department to inspect the dispensary at least twice a year. Working closely with representatives from City Planning, Department of Building Inspection, and the City Attorney's Office, the Environmental Health Section began to implement the legislation on December 30, 2005. On January 18, 2006, the Environmental Health Section held a public meeting for owners and operators of existing dispensaries, new applicants, and the media to discuss the permitting process. Application forms and referrals to other city agencies are now posted on the Environmental Health Section's web page.

LHH Credentials Year-to-Date Report, 7/1/2005 to 01/19/2006

New Appointments	8
Reinstatements	0
Withdrawal	0
Reappointments	28
Delinquencies:	0
Reappointment Denials:	0
Resigned/Retired	10
Disciplinary Actions	0
Restriction/Limitation of Privileges	0
Changes in Privileges	0
Additions	0
Voluntary Relinquishments	0

Commissioners' Comments

- Commissioner Monfredini said she, Commissioner Illig, Commissioner Guy and Commissioner Chow attended the Mayor's press conference at NEMS regarding universal health care. The energy in the room was extraordinary, and this proposal has every chance of becoming a reality. San Francisco will again be at the forefront of health care.

- Commissioner Chow added that business was well represented at the press conference, including people from the Chamber of Commerce and the Committee on Jobs. Everyone is genuinely interested in moving this proposal forward.

- Commissioner Umekubo is happy to hear that business is supportive of this initiative. Last night at the San Francisco Medical Society Executive Committee meeting, the physicians gave their support for this effort and want to be involved.

Public Comments

- Patrick Monette-Shaw said that the Health Commission and Dr. Katz are using AIDS as a scare tactic to build support against the Laguna Honda Hospital ballot initiative. Mr. Monette-Shaw said it is irresponsible to add more people to community clinics when the Department already has a backlog. There is no provision in Supervisor Ammiano's legislation to require money to be allocated to primary care.

- Commissioner Chow supports the supplemental appropriation to fund the next steps for the San Francisco General Hospital rebuild. The supplemental also helps begin the financing for furniture and equipment for Laguna Honda Hospital. Furthermore, the proposed supplemental recognizes that there is an infrastructure problem at the primary care clinics and begins to address these problems.

5) RESOLUTION SUPPORTING THE CREATION OF A COMMUNITY LIVING TRUST FUND

Commissioner Illig introduced the resolution, and gave some background. The Living with Dignity plan laid out what San Francisco could do to help people get out and stay out of institutions such as Laguna Honda Hospital. Subsequently the TCM program was started. Then in March 2005, the Controller issued a report that included among its recommendations the creation of a trust fund that could be used to support hundreds of people living in the community. Commissioner Illig and others in the community see the opportunity to create this fund now, which is what is before the Commission today. He understands that there is some concern about the amount of money that is initially allocated to the fund, and he is willing to have this discussion. But he wholeheartedly supports moving forward with the creation of the community living trust fund. The time is now.

Public Comment

- Sandy Mori, co-chair of the Long Term Care Coordinating Council (LTCCC), said the LTCCC strongly supports the creation of the Community Living Trust Fund. She urged the Health Commission to support the creation of the fund and urge the Mayor and Board of Supervisors to fund this as part of the budget process.

- Sandy O'Neill, Independent Living Resource Center and member of the LTCCC, said money must be attached to the resolution supporting the creation of the trust fund.

- Meg Cooch, Planning for Elders in the Central City, conveyed comments from Mercy Housing, which is opening two new buildings: Mission Creek and 9th & Jesse. The trust fund could help fund these types of programs. Ms. Cooch urged the Health Commission to include $7 million in its resolution.

- Elinore Lurie, Planning for Elders in the Central City, said a community living trust fund would do a lot to address the gaps in discharge services, and people would not have to scrounge around at the last minute to arrange services.

- Bruce Allison, Living Wage, said getting people out of the hospital gives them a chance to get back into the community.

- Herb Levine, ILRCSF, said the Health Commission should not pass a resolution without attaching money to it. This would continue a long tradition of empty promises.

- Bob Planthold spoke in support of the community living trust fund. Move ahead with the resolution, including specifying a $7 million allocation to the fund.

- Barry Benda, Golden Gate Regional Center, Jacy Cohen, ARC of San Francisco, Terrence Jones, Westbay Housing Corporation, said they have put together a preliminary plan on working together to develop alternatives for their 33 residents at Laguna Honda Hospital.

- Tricia Webb, LTCCC, said she looks forward to having the choice to be at home or not. She supports the community living trust fund, and it needs to be funded.

- Elizabeth Boardman, North and South of Market Adult Day Health Center, spoke in support of funding the community living trust fund. The community does not need a resolution that this is another good idea—they need solid financial support from the City.

- Ruth Gravitt, Mental Health Association, said the community living trust fund would allow for expansion of community services to address the growing need for services that cannot be provided by institutions. People thrive when they are not living in institutions.

- Debra Howell, Hydrocephalus Association, urged the Health Commission to support the resolution, which gives people the choice to live at home.

- David Bonner, IHSS Consortium peer mentor, urged the Health Commission to put money into the community living trust fund to provide more outreach, paratransit services, and other services that allow people to live in their homes.

- Michael Kwok, Planning for Elders, said people must have the choice to live in the community rather than in institutions. The $7.14 million surplus is a rare opportunity, and he urged the Health Commission to do the right thing.

- Elizabeth Zirker, Protection and Advocacy, supports the creation of a community living trust fund, which PAI believes would be one step toward compliance with the Davis Settlement.

- Patrick Monette-Shaw supports the creation of a trust fund, but not using the tobacco settlement money or surplus revenue.

- Michael Lyon, San Francisco Gray Panthers, said the Gray Panthers have taken a position that both skilled nursing homes and community care are needed. There is enough money for all kinds of care in San Francisco.

- Marie Jobling, Planning for Elders and co-chair of the LTCCC, asked the Health Commission to prioritize funding for community alternatives and support a funded trust fund.

- Nancy Brundy, Institute on Aging, said the time is now to invest in community-based living. $7 million is a drop in the bucket. The Health Commission should take a leadership role here.

- Yvonne Martinez, SEIU 790, said her union supports community services. They agree with the concept of community care, but she is concerned about the lack of detail, including the labor standards and standards of care for home care. She is concerned about the presumption for Option 2.

- Mel Beetle, 10-Year Plan to End Chronic Homeless Council, spoke in support of a community fund to help community-based services. It is essential.

Commissioners' Comments

- Commissioner Guy disagrees with linking the $7 million to this resolution. She is not prepared to send this forward with a specific dollar allocation without details about what would be funded, who would administer the program and other details about how this is going to work, none of which is delineated in the resolution. She supports the Health Commission making a commitment that the community living trust fund be part of DPH's budget for next year. She made a friendly amendment that the last whereas and the first resolved clause be deleted.

- Commissioner Chow said a trust fund has enormous merit. There is the need to work out a roadmap upon which the fund would be developed and administered. To do this right, the Health Commission needs the details, and he supports a resolution supporting the creation of a community living trust fund and asking the Department to flesh out the details and identify how to structure a fund that works for the long-term future.

- Commissioner Sanchez said today's announcement about universal health care speaks to the needs of all people. He supports the community living trust fund, and having funding for the trust fund on the Health Commission's and Health Department's budget radar.

- Commissioner Umekubo supports the creation of the community living trust fund, but believes more thought needs to be put into the details. That said, he does not want to lose the sense of urgency around the trust fund.

- Commissioner Tarver does not support removing the $7 million allocation from the resolution. Using this $7.14 million would not take money from any other services. Allocating this money shows that it is a priority, and something is lost if references to funding are deleted.

- Commissioner Monfredini supports the community living trust fund. However, she does not support sending this forward to the Mayor's Office without assurances that there will be Department involvement in administering the trust fund. She supports making funding for the trust part of the Department's budget priorities. She asked Dr. Katz to comment on the best way to move forward. Dr. Katz said Health Commissioners have consistently told him that they want to increase the financial commitment to community-based placement. He believes there must be more work on the details of the fund and to what extent Medicaid dollars could be leveraged toward this fund.

- Commissioner Illig said the LTCCC has developed a lot of the details in its Community Placement Plan, which was distributed to the Health Commissioners.

- Commissioner Guy said she believes there are significant ideas to allow DPH to make a recommendation about funding for a community living trust fund within this budget year. Is this an accurate assumption? Dr. Katz said at this time he would have a difficult time telling the Health Commission to prioritize funding the trust fund over things like Community Placement or Health at Home. Dr. Katz further believes it is inevitable that Medicaid will begin to pay for these services. The Department could develop the details within 60 days.

- Commissioner Tarver said the Health Commission is responsible for asking for funding, so he supports the resolution as originally proposed.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Umekubo) approved an amendment to the resolution to remove the last Whereas clause and to change the first sentence of the first Resolved clause to read: Resolved, that the Health Commission recommends the creation of a Community Living Trust Fund as part of DPH's budget this year and sustained in the future, and charges the Department to bring back details of how it could be funded and managed within the next 60 days. (Commissioner Tarver voted no.)

Action Taken: The Commission approved Resolution 03-06, "Resolution Recommending the Creation of a Community Living Trust Fund," as amended (Attachment C).

6) 2ND QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 2nd Quarter Financial Report. This report presents the second quarter financial projection of revenues and expenditures for FY 2005-06. Mr. Sass noted that this report builds in the supplemental appropriation that the Health Commission approved and DPH submitted to the Mayor's Office. It does not incorporate the revised supplemental appropriation that Mayor Newsom announced today. Mr. Sass presented an overview of each division in the Health Department.

Projected FY 2005-06 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 599,309,000	$ 521,987,000	$ (77,322,000)	$ 599,309,000	$ 517,309,000	$ 82,000,000	$ 4,678,000
SB855 Adjustment	(82,000,000)	-	82,000,000	(82,000,000)	-	(82,000,000)	-
SFGH Adjusted	$ 517,309,000	$ 521,987,000	$ 4,678,000	$ 517,309,000	$ 517,309,000	$ -	$ 4,678,000
Laguna Honda	168,667,000	178,162,000	9,495,000	168,667,000	168,667,000	-	9,495,000
Primary Care	42,533,000	43,254,000	721,000	42,533,000	44,124,000	(1,591,000)	(870,000)
Health at Home	8,547,000	8,547,000	-	8,547,000	8,348,000	199,000	199,000
Jail Health	23,087,000	23,087,000	-	23,087,000	23,004,000	83,000	83,000
Public Health	98,320,000	98,320,000	-	98,320,000	98,147,000	173,000	173,000
Mental Health	195,065,000	195,065,000	-	195,065,000	193,274,000	1,791,000	1,791,000
Substance Abuse	65,382,000	65,382,000	-	65,382,000	65,082,000	300,000	300,000
TOTAL DPH	$ 1,118,910,000	$ 1,133,804,000	$ 14,894,000	$ 1,118,910,000	$ 1,117,955,000	$ 955,000	$ 15,849,000

The Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer (IGT) for SB855, Transfer In and Project Related expenses.

Commissioners' Comments

- Commissioner Illig asked if DPH would still end the year with a surplus given the Mayor's proposed supplemental appropriation. Mr. Sass said he anticipates a small surplus.

- Commissioner Guy asked Mr. Sass what the structural issues are facing Primary Care. Mr. Sass said that there are two major issues. One is an intradepartmental transfer between the AIDS

Office and Primary Care, which is being addressed in next year's budget. The other issue is personnel services costs that exceed budget.

- Commissioner Umekubo asked if the city is still anticipating an $80 million deficit. Mr. Sass said he has not heard any change to this projection.

7) PUBLIC COMMENT

- Louis Dixon spoke about Rogerian Nursing Theory. This is a prevalent cult in our city and hospital. UCSF is promoting Reike healers as complementary care for the poor. Homeopathic medicine is being sold all over the city. He cannot believe professionals believe this.

8) CLOSED SESSION:

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session (San Francisco Administrative Code Section 67.11)

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:40 p.m. Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Illig, Commissioner Monfredini, Commissioner Tarver, Commissioner Umekubo, Dr. Mitchell Katz, Director of Health, Gregg Sass, Chief Financial Officer, Jim Stillwell, Deputy Director, CBHS, Rick Sheinfield, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

C) Closed session pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) approved the settlement of the audit appeal of the City and County of San Francisco, Substance Abuse and Crime Prevention Act, OAH No. N2005030518. City to pay $1,088,685.00. City to keep $855,794.00

D) Reconvene in Open Session

The Commission reconvened in open session at 6:00 p.m.

1. Possible report on action taken in closed session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to elect whether to disclose any or all discussions held in closed session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver, Umekubo) voted not to disclose any discussions held in closed session.

9) DISCUSSION OF FUTURE HEALTH COMMISSION AGENDAS

The July 4th Health Commission meeting will be rescheduled to Wednesday, July 5.

The November 7th Health Commission meeting will be rescheduled to November 14th, so as not to conflict with the election.

The June 6th Health Commission meeting will be rescheduled to June 13th, so as not to conflict with the election.

Commissioner Tarver asked that the following items be added to the Health Commission's Master Calendar: Long-term care director, SFGH Rebuild, Primary Care-CBHS integration, revenue enhancement/eligibility and the Chief Operating Officer.

10) ADJOURNMENT

The meeting was adjourned at 6:20 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachments: 3

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 01-06

APPROVING FISCAL YEAR 2006/07 INTERIM AGREEMENTS INCORPORATING AN EXTENSION OF THE TERMS OF FISCAL YEAR 2005/06 HIV HEALTH SERVICES PROGRAM CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the contractors listed:

Agency		Agency
AIDS Community Research Consortium		Mission Neighborhood Health Center
AIDS Emergency Fund		Project Open Hand
AIDS Legal Referral Panel		San Francisco Food Bank
Asian Pacific Islander Wellness Center		San Francisco Suicide Prevention
Baker Places		San Mateo County AIDS Program
Catholic Charities		Shanti Project
Community Awareness and Treatment Services		Patricia Sullivan
Dolores Street		UCSF AIDS Health Project
Haight Ashbury Free Clinic		UCSF Pediatric AIDS Program
Immune Enhancement Project		University of the Pacific – School of Dentistry
Latino Commission		Walden House
Lutheran Social Services		Westside Community Mental Health
Maitri AIDS Hospice		
Marin Department of Health & Human Services		

Currently provide health services to the residents of San Francisco through contracts with the Department of Public Health; and

WHEREAS, the renewal of these contracts will not be completed through the regular contract processes prior to their expiration date, which is February 28, 2006, thereby causing financial hardship to the contractors listed; and

WHEREAS, it is the intention of the Health Commission that these contractors continue to be paid as much as possible at the 2005/06 contract rate(s) as reflected in the final version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously; and

WHEREAS, monthly payment to the contractors listed until such time as the availability of funds for these 2006/07 contracts are certified by the Controller, will greatly reduce the financial hardship on these contractors;

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 01-06 (continued)

Agency		Agency
AIDS Community Research Consortium		Mission Neighborhood Health Center
AIDS Emergency Fund		Project Open Hand
AIDS Legal Referral Panel		San Francisco Food Bank
Asian Pacific Islander Wellness Center		San Francisco Suicide Prevention
Baker Places		San Mateo County AIDS Program
Catholic Charities		Shanti Project
Community Awareness and Treatment Services		Patricia Sullivan
Dolores Street		UCSF AIDS Health Project
Haight Ashbury Free Clinic		UCSF Pediatric AIDS Program
Immune Enhancement Project		University of the Pacific – School of Dentistry
Latino Commission		Walden House
Lutheran Social Services		Westside Community Mental Health
Maitri AIDS Hospice		
Marin Department of Health & Human Services		

WHEREAS, the Health Commission believes that a smooth transition from one contract year to another is important to minimize any disruption in services to San Francisco residents; now, therefore, be it

RESOLVED, that the Health Commission (Commissioner Illig abstaining as it relates to Project Open Hand, Commissioner Tarver abstaining as it related to Baker Places) hereby approves Fiscal year 2006-2007 interim agreements that incorporate the continuation of Fiscal Year 2005-2006 HIV Health Services contracts with those contractors shown in the list, at the 2005/06 contract rate(s) as reflected in the most recent version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously, and until such time as the availability of funds for the 2006/07 contracts ("renewals") is certified by the Controller, or through August 31, 2006 or an earlier date as specified by the Department, whichever comes first. After certification of the 2006/07 "renewal" contracts, the contractor will provide an adjustment invoice to reconcile any differences between 2005/06 rates and the final 2006/07 negotiated contract/rate(s); and be it

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 01-06 (continued)

FURTHER RESOLVED, that in order to ensure the smooth continuation of funding for services, for those contracts that are listed in the resolution, which include grant and/or work order funding that continues into 2005/06, adjustments may be made as needed to the exhibits related to these funds to enable their continuation until such time as the availability of funds for 2006/07 contracts ("renewals") are certified by the Controller, or through August 31, 2006 or an earlier date specified by the Department, whichever comes first, in compliance with related grant agreements with grantors and/or the State.

I hereby certify that the San Francisco Health Commission at its meeting of February 7, 2006 adopted the foregoing resolution.

Michele Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 02-06

RESOLUTION APPROVING FISCAL YEAR 2006/2007 INTERIM AGREEMENTS INCORPORATING AN EXTENSION OF THE TERMS OF FISCAL YEAR 2005/06 HOUSING AND URBAN HEALTH PROGRAM CONTRACTS FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the contractors listed

Ark of Refuge, Inc.
Baker Places, Inc.
Black Coalition on AIDS
Catholic Charities CYO
Larkin Street Youth Services
Lutheran Social Services
San Francisco AIDS Foundation
Tenderloin AIDS Resource Center
Walden House, Inc.

currently provide health services to the residents of San Francisco through contracts with the Department of Public Health; and

WHEREAS, the renewal of these contracts will not be completed through the regular contract processes prior to their expiration date, due to the delay in award by the federal funding agency, which is February 28, 2006, thereby causing financial hardship to the contractors listed; and

WHEREAS, it is the intention of the Health Commission that these contractors continue to be paid as much as possible at the 2005/06 contract rate(s) as reflected in the final version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously; and

WHEREAS, monthly payment to the contractors listed until such time as the availability of funds for these 2006/07 contracts are certified by the Controller, will greatly reduce the financial hardship on these contractors;

Ark of Refuge, Inc.
Baker Places, Inc.
Black Coalition on AIDS
Catholic Charities CYO
Larkin Street Youth Services
Lutheran Social Services
San Francisco AIDS Foundation
Tenderloin AIDS Resource Center
Walden House, Inc.

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 02-06 (continued)

WHEREAS, the Health Commission believes that a smooth transition from one contract year to another is important to minimize any disruption in services to San Francisco residents; now, therefore, be it

RESOLVED, that the Health Commission (Commissioner Tarver abstaining as it relates to Baker Places) hereby approves Fiscal Year 2006-2007 interim agreements that incorporate the continuation of Fiscal Year 2005-2006 Housing and Urban Health contracts with those contractors shown in the list, at the 2005/06 contract rate(s) as reflected in the most recent version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously, and until such time as the availability of funds for 2006/07 contracts ("renewals") is certified by the Controller, or through August 31, 2006 or an earlier date specified by the Department, whichever comes first. After certification of the 2006/07 "renewal" contracts, the contractor will provide an adjustment invoice to reconcile any differences between 2005/06 rates and the final 2006/07 negotiated contracts/rate(s); and be it

FURTHER RESOLVED, that in order to ensure the smooth continuation of funding for services, for those contracts which are listed which include grant and/or work order funding that continues into 2005/06, adjustments may be made as needed to the exhibits related to these funds to enable their continuation until such time as the availability of funds for 2006/07 contracts ("renewals") are certified by the Controller, or through August 31, 2006 or an earlier date specified by the Department, whichever comes first, in compliance with related grant agreements with grantors and/or the State.

I hereby certify that the Health Commission at its meeting of February 7, 2006, adopted the foregoing resolution.

Michele Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION
CITY AND COUNTY OF SAN FRANCISCO
Resolution No. 03-06

RESOLUTION RECOMMENDING THE CREATION OF A COMMUNITY LIVING TRUST FUND

WHEREAS, San Francisco has a range of home and community-based services that can help adults of all ages with disabilities to maximize self-sufficiency, safety, health, and independence so that they can remain living in the community for as long as possible and maintain the highest quality of life; and

WHEREAS, approximately one-fifth of San Francisco's population (approximately 150,000 people) has a disability; and

WHEREAS, it is expected that the total number of adults with disabilities will increase in San Francisco, with older adults comprising an increasingly larger share of the disabled population; and

WHEREAS, the "oldest old" population, those over 85, is projected to increase by 10,000 people, from approximately 14,000 in 2005 to 24,000 in 2020; and

WHEREAS, San Franciscans face an ever increasing demand for community-based long term care and supportive services for adults of all ages with disabilities; and

WHEREAS, the 1999 Olmstead decision of the U. S. Supreme Court determined that communities must expand community-based services for persons with disabilities who would otherwise face institutionalization; and

WHEREAS, community-based services are critical in the management of risks and acute interventions for adults with disabilities of all ages; and

WHEREAS, community-based services are usually lower in cost, and can prevent or delay the need for higher cost interventions by the Department of Public Health at San Francisco General Hospital and Laguna Honda Hospital; and

WHEREAS, these cost savings can allow the City to serve more people with significant disabilities by expanding the availability of services in the community; and

WHEREAS, San Francisco needs to increase its financial support for community-based services for older adults and adults with disabilities both to comply with the Olmstead Decision and to meet increasing need; and

WHEREAS, in May 2005, Ed Harrington, the Controller outlined two options for the replacement of Laguna Honda Hospital in the report: *Laguna Honda Replacement Program - Where do we go from here?*, which includes the recommendation for the creation of a trust fund to support community-based long term care services; and

WHEREAS, regardless of which option is selected for the replacement of Laguna Honda Hospital, a trust fund is needed now to specifically support community-based long term care services including housing with support, homecare, and services provided in other community-based settings; and

WHEREAS, in June 2005, the Long Term Care Coordinating Council endorsed the recommendations in its Community Placement Plan, which specifically recommends the creation of a community living fund to be used for home and community-based services that provide assistance, care and support to enable people to live in the community; and

RESOLVED, Resolved, that the Health Commission recommends the creation of a Community Living Trust Fund as part of DPH's budget this year and sustained in the future, and charges the Department to bring back details of how it could be funded and managed within the next 60 days. This will become the foundation for the development of community living options for older adults and adults with disabilities throughout San Francisco who desire to remain living in the community; and be it

FURTHER RESOLVED, that the Community Living Trust Fund be used to support the development and expansion of community-based long term care services including housing with support, homecare, and services provided in other community-based settings. This fund could be used first for LHH residents and SFGH patients, willing and able to be discharged to community living.

I hereby certify that the San Francisco Health Commission at its meeting of February 7, 2006 adopted the foregoing resolution.

Michele M. Seaton
Executive Secretary to the Health Commission

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
President
James M. Illig
Vice President
Edward A. Chow, M.D.
Commissioner
Roma P. Guy, M.S.W.
Commissioner
David J. Sánchez, Jr., Ph.D.
Commissioner
Donald E. Tarver, II, M.D.
Commissioner
John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health
Michele M. Seaton
Executive Secretary
Tel. (415) 554-2666
FAX (415) 554-2665
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, February 21, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests, or there is a request for public comment. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 7, 2006**
**Minutes of the meeting of February 7, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **CHN–LHH** – Request for approval to accept and expend retroactively a grant from the Regents of the University of California, in the amount of $75,000, to pilot a new medication management process, for the period of March 1, 2005 to May 31, 2006.
** Request memo, Grant information form, Budget page*

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $333,643, including a 12% contingency, to provide Professional Consulting services to support the HIV Health Services Voucher Program, for the period of November 1, 2005 through February 28, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with Harder & Company, in the amount of $176,179, which includes a 12% contingency, to provide technical support to the HIV Prevention Planning Council and the SFDPH HIV Prevention Section, for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $213,920, which includes a 12% contingency, for continuation of the "HIV Stops With Me" prevention education/social marketing campaign, for the period of January 1, 2006 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

Items for Discussion and Approval

(3.5) **PHP-CBHS** – Request for approval to accept and expend retroactively funds from the California Department of Mental Health, in the amount of $656,945, for community program planning and system improvement, for the nine-month period of January 6, 2006, to September 30, 2006.
**Request memo, Grant information form, Budget pages*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY**
**List of Awardees*

6) **FOR DISCUSSION AND ACTION:** **PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2006-07 BASE BUDGET, AND CONSIDERATION OF A RESOLUTION APPROVING THE BASE BUDGET**
(Mitchell H. Katz, M.D., Health Director)
**Report, Resolution*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact Mariana Valdez at the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, February 21, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:05 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner James M. Illig Vice President Commissioner Roma P. Guy, M.S.W. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 7, 2006

Action Taken: The Commission (Guy, Illig, Monfredini, Tarver, Umekubo) approved the minutes of the February 7, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Monfredini chaired and Commissioner Tarver attended the Budget Committee meeting.

Items for Approval

(3.1) **CHN–LHH** – Request for approval to accept and expend retroactively a grant from the Regents of the University of California, in the amount of $75,000, to pilot a new medication management process, for the period of March 1, 2005 to May 31, 2006.

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $333,643, including a 12% contingency, to provide Professional Consulting services to support the HIV Health Services Voucher Program, for the period of November 1, 2005 through February 28, 2006.

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Items for Discussion and Approval

(3.4) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $213,920, which includes a 12% contingency, for continuation of the "HIV Stops With Me" prevention education/social marketing campaign, for the period of January 1, 2006 through June 30, 2006.

(3.5) **PHP-CBHS** – Request for approval to accept and expend retroactively funds from the California Department of Mental Health, in the amount of $656,945, for community program planning and system improvement, for the nine-month period of January 6, 2006, to September 30, 2006.

Public Comment

- Jackson Bowman spoke about the HIV Stops with Me Campaign. The campaign uses scare tactics, which is a very destructive way to stop the spread of STDs.

- Trevor Hoppe spoke about the HIV Stops with Me Campaign. The campaign sends the wrong message and is pos-phobic. He is shocked to see this in San Francisco and is deeply dissatisfied with this campaign.

Commissioners' Comments

- Commissioner Guy asked how Better World Advertising receives feedback about campaigns and incorporates and/or responds to criticism of particular campaign. Les Pappas, Executive Director of Better World Advertising, said that they have received little criticism about the campaign. Commissioner Guy wants to ensure that there is a process by which the agency is open to criticism.

- Commissioner Illig said that the AIDS Office and the HIV Prevention Planning Council are forums for feedback and criticism, and he encouraged the speakers to get in touch with these entities. Tracy Packer from the AIDS Office added that the contract before the Commission today moves toward developing a different campaign, and comments such as those given today would help inform the future campaign.

Action Taken: The Commission (Guy, Illig, Monfredini, Tarver, Umekubo) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Laguna Honda Hospital Inspection Continues

State and federal inspectors from the California Department of Health Services and Centers for Medicare & Medicaid Services are concluding their current Licensing and Certification Survey at Laguna Honda Hospital with an exit conference expected this afternoon. They began their annual Licensing and Certification survey at LHH on Sunday, February 5th. In addition, the State Fire Marshal arrived at LHH today to begin their annual life safety inspection.

Health Access Committee

Mayor Newsom's newly formed Health Access Committee met for the first time last Tuesday, February 21st. Sandra Hernandez, M.D., Director of the San Francisco Foundation and Lloyd Dean, CEO of Catholic Healthcare West serve as co-chairs. Gene O'Connell, Michael Drennan and Dr. Katz are representing the Department. The committee will deliver a report in 100 days outlining implementation steps for the Mayor's proposed defined benefit program.

Community Behavioral Health Services

Community Behavioral Health Services has sent out selection notices following the completion of the Substance Abuse Outpatient Treatment RFP, #2005-25. The RFP expands outpatient methadone maintenance in the recognition that it is less costly and more effective than drug free treatment for heroin users. This goal was accomplished by moving $400,000 from outpatient drug free to outpatient methadone maintenance. In addition, the unit of service reimbursement rates and costs per client were standardized and brought up to date. As can be seen below, with the equalization of rates and the expansion of methadone maintenance, the chosen proposals result in increased units of service and increased unduplicated clients.

		Unduplicated Clients (UDC)	Units of Services (UOS)	Mean cost per UOS
	04/05	4,851	116,612	$80.78
Proposed	06/07	5,018	177,667	$53.82

The RFP required respondents to base treatment methods on current outcome research, include tobacco interventions, and to provide a protocol for coordinating care with mental health and primary care to assure the better outcomes, maximize Medi-Cal and third-party reimbursement, and implement the DPH's shift to behavioral health.

Black History Month Celebration

The African American Health Initiative and the Managers of African and African American Descent will hold the Annual Black History Month Celebration at CHN Headquarters, February 23rd, at 5:30 p.m. All are invited to participate and celebrate the contributions of African Americans to America and the ongoing challenge of making human and civil rights a reality for all oppressed people. This year holds significance with the honoring and loss of more of the great leaders of the modern Civil

Rights Movement. While we will be mindful of our collective history, we will also look to the passing of the baton to a new generation of "freedom fighters" of all peoples.

San Francisco Public Health Foundation Fundraiser

The Public Health Foundation is sponsoring an event tomorrow evening at 101 Grove Street to raise money for Project Homeless Connect. Alex Tourk will represent Mayor Newsom and give a brief update on the success of the program. Please join us for the festivities February 22nd at 5:30pm in the foyer of the building.

Community Health Network, San Francisco General Hospital, February 2006 Credentials Report

	02/06	07/05 to 02/06
New Appointments	11	117
Reinstatements	0	0
Reappointments	62	275
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	13	85
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	6	38
Voluntary Relinquishments	9	28
Proctorship Completed	13	94
Proctorship Extension	0	6

Current Statistics - as of 02/1/06	
Active Staff	466
Courtesy Staff	580
Affiliate Professionals (non-physicians)	193
TOTAL MEMBERS	1,239

Applications In Process	20	
Applications Withdrawn Month of February 2006	0	2 (07/05 to 02/06)
SFGH Reappointments in Process Mar. 2006 to Jun. 2006	215	

Commissioners' Comments

- Commissioner Illig asked if the Department has a grievance procedure for agencies that are not successful in the RFP process. Dr. Katz said an agency can grieve that the RFP process was unfair, in that there was some bias towards or against a proposal. Other than that, an agency cannot grieve the outcome of an RFP. If in the RFP process none of the top bidders are felt to be culturally competent, the money will be removed from the RFP and rebid. Commissioner Illig asked if the RFP scores and the reviewers would be made public. Dr. Katz said yes.

5) EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF FEBRUARY

Commissioner Illig presented the Employee Recognition Awards for February.

Individual Award	**Division**	**Nominated By**
Linda Sims, R.N.	SFGH/SFBHC Nursing	Tom Hall and Marilynn Mendoza

Team Award	**Division**	**Nominated By**
SFGH Operating Room, Sterile Processing Department, Financial • Bill Chun • Robert Perry • Cora Talens	SFGH	Jan Allison

6) PRESENTATION OF THE DEPARTMENT OF PUBLIC HEALTH'S FY 2006-07 BASE BUDGET, AND CONSIDERATION OF A RESOLUTION APPROVING THE BASE BUDGET

Gregg Sass, DPH Chief Financial Officer, presented the FY 06-07 base budget for DPH. Mr. Sass said that the Mayor's Office had been forecasting an $80 million shortfall for FY 06-07 but based on some good news in the Controller's Six-Month report, the City is now estimating a $35 million shortfall. Mr. Sass recapped the Mayor's budget instructions, which he presented on January 17th: absorb half the cost of restoring 7.5% employee pickup for DPH employees; submit a list of expenditure savings worth 3% of the Department's reduced general fund subsidy; and propose one-time expenditures equal to 3% of DPH's reduced general fund.

Mr. Sass gave an overview of the regulatory, inflationary and structural issues, revenue neutral programs and increased revenues that have changed since the January 17th presentation, including reducing the projected cost of the long-term care placement initiative, increasing the DPW work order for SFGH project management and increasing Food and Water Fee revenue. The net result of these changes is ($4,355,000).

The Health Department is only proposing a single reduction initiative in order to meet the $7.13 million general fund reduction target. DPH proposes to expand the $5 and $10 prescription co-payment requirement, currently used in the SFGH Outpatient Pharmacy and contracted network pharmacies, to include all clients except those on general assistance and the homeless. Drugs excluded from the new co-payment policy will include insulin, anti-psychotics and antibiotics for acute infections. This initiative is expected to reduce the general fund requirement by $1,363,396.

The combined effect of these initiatives, including the proposed reduction initiative, produces a general fund reduction of $7,323,694, which exceeds the Mayor's budget instruction to absorb half of the $14.26 million employee retirement pick up for DPH employees. Dr. Katz added that staff continues to work on development of a list of additional expenditure reductions to further reduce the Department's general fund subsidy by 3%, should this become necessary.

Public Comment

- Sue Carlisle, M.D., Associate Dean, SFGH, UCSF School of Medicine, said she and the other medical staff at SFGH are very proud to be partners with DPH in providing high quality, comprehensive and culturally competent health care to San Francisco. She and her colleagues ask that the Health Commission keep this partnership in mind when considering the budget, and correct structural deficits that have resulted from cuts over the past years.

- Debbi Lerman, San Francisco Human Services Network, thanked the Department for presenting a base budget that has no cuts to the non-profit sector and for including an allocation for the cost of doing business. So far this has been a thoughtful process. Contractors understand that the amount of money set aside in DPH's budget is not enough to meet the need. The Human Services Network urged the Commission to keep in mind that grant-funded agencies are faced with the same cost of doing business increases as other agencies.

- Richard Heasley, Conard House, spoke about how important it was that the Health Department did what it did around cost of doing business. He applauded everybody's efforts.

Commissioners' Comments

- Commissioner Guy asked what the process would be for the contingency budget cuts. Dr. Katz said if the Department is required to submit a $7 million cut, he anticipates that the reductions would be painful, and predominantly cuts to non-mandated services. He is hoping that the revenue picture will improve so that additional cuts are not required. If cuts were required, these would be presented to the Health Commission. At this point, there is no deadline to produce these cuts.

- Commissioner Illig thanked Dr. Katz and his management team for asking contractors for information about their cost of doing business, and for adding money to the budget to fund some of these costs. It is important to recognize that San Francisco General Hospital generates a large amount of revenue. He lauded staff for being creative and finding other revenue. He also commended staff for reducing the total number of FTEs that were added to the budget. Commissioner Illig would like to get reports about whether the revenue-neutral budget initiatives were successful. He plans to have the CHN JCC review some of the revenue-neutral proposals as they are implemented. When and if the Health Commission gets the $7 million budget reduction proposal, some of the proposals in the base budget should be put back on the table.

- Commissioner Tarver commended staff for the additional work that was done on the structural, inflationary, regulatory and revenue issues. He asked about the rationale for excluding certain drugs from the co-pay requirement. Dr. Katz said that the decisions were based on what would most likely result in added costs to the system if prescriptions were not taken. For example someone who does not take her insulin would most likely end up in the emergency room. Commissioner Tarver suggested that voluntary work furloughs be considered as a cost-savings measure. He hopes that the Medicare Part D implementation be closely followed to determine if there is any cost savings resulting from Medicare only patients now having their drugs paid for.

- Commissioner Umekubo thanked staff for giving the Health Commission a breath of fresh air around the budget. He hopes that the Department monitors whether or not the co-pay results in people not taking their preventive medicines. Commissioner Umekubo asked if the Department encourages combination medications. Dr. Katz said these are used when possible. Dr. Kotabe does a very good job of managing the Department's formulary.

Action Taken: The Commission (Guy, Illig, Monfredini, Tarver, Umekubo) approved Resolution 04-06, "Approving the Submission of the Department of Public Health's Base Budget for Fiscal Year 2006/07," (Attachment A).

7) PUBLIC COMMENT/OTHER BUSINESS

- Bob Douglas, member of the Mental Health Board, asked the Health Commission to improve the quality of food that is given to SFGH patients. He was a patient there last year and the situation is atrocious.

8) ADJOURNMENT

The meeting was adjourned at 4:55 p.m.

Michele M. Seat

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment(s): 1

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 04-06

APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S BASE BUDGET FOR FISCAL YEAR 2006/07

WHEREAS, the City and County of San Francisco is facing a $35M shortfall for fiscal year 2006-07 and a $94M shortfall in fiscal year 2007-08 and the Mayor's Budget Office has required that the Department absorb half the cost of restoring 7.5% employee pickup for its own employees; and

WHEREAS the projected cost of restoration employee pickup is $14.2M and therefore, the Department must absorb $7.1M in base cuts; and

WHEREAS we are required to meet this target with ongoing expenditure reductions or revenue increases (e.g., local fee increases) and not rely on one-time sources; and

WHEREAS, the base budget contains a Cost of Living Adjustment (COLA) for contractors including the University of California; and,

WHEREAS, the base budget does not include funding to offset potential State or Federal budget reductions; and,

WHEREAS, the Department has identified $24M in unavoidable increases in its base budget that are offset by $29.9M in revenues plus an additional $1.4M in reductions resulting in a $7.3M decrease in General Fund usage; and

WHEREAS, in addition to the base budget cut, the Mayor's Budget Office has also required Departments to submit a list of reductions totaling 3% of the decreased General Fund balance; and

WHEREAS the projected 3% reduction target is $7.8M; and

WHEREAS, the Department will need to propose an additional $7.6M in future cuts but these cuts have not yet been identified; and

RESOLVED, that the Health Commission approves submission of the Department of Health's base budget for fiscal year 2006-2007 to the Mayor's Office; and, be it

FURTHER RESOLVED, that the Department should bring forward its list of additional cuts as soon as it is prepared.

I hereby certify that the San Francisco Health Commission at its meeting of February 21, 2006 adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment A

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 7, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 21, 2006**
**Minutes of the meeting of February 21, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **PHP-STD Prevention & Control** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $68,152, including a 12% contingency, to provide Fiscal Intermediary Support for the STD Prevention & Control "Positive Reinforcement Opportunity Project, " for the period of January 1, 2006 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.2) **PHP-STD Prevention & Control** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $180,472, including a 12% contingency, to provide Fiscal Intermediary Support for the STD Prevention & Control "Syphilis Prevention Project", for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $136,316, including a 12% contingency, to provide Fiscal Intermediary Support for the HIV Prevention Section-Post Marketing Surveillance, Condom Availability Program and Street Start Programs, for the period of January 1, 2006 through June 30, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with the AIDS Health Project, in the amount of $81,760, including a 12% contingency, to provide training services to HIV Prevention providers, for the period of January 1, 2006 through July 30, 2006.
** Contract summary, UC Regents information page, Monitoring report summary, Client demographic information form*

(3.5) **CENTRAL ADMIN-Policy & Planning** – Request for approval to accept and expend retroactively funds from the Health Resources and Services Administration (HRSA) Hospital Preparedness Program (Year 3 Funding) in the amount of $548,465.74.
**Cover Memo, Grant Information Form*

Items for Discussion and Approval

(3.6) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with the UCSF-Positive Health Program, in the amount of $140,296, including a 12% contingency, to develop and provide HIV Prevention – Skills Building Training Services for Prevention for Positives in a Clinical setting, for the period of September 1, 2005 through June 30, 2006.
** Contract summary, UC Regents Information page, Contract evaluation form, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **UPDATE ON THE CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION WORKPLAN**
(Christina Goette Carpenter, Health Promotion Consultant, Community Health Promotion and Prevention)
**Update*

6) **FOR DISCUSSION:** **UPDATE ON IMPLEMENTATION OF HEALTH MANAGEMENT ASSOCIATES' REPORT RECOMMENDATIONS**
(Mitchell H. Katz, M.D., Director of Health)
**Report*

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $200,000, M. HARB V. CITY AND COUNTY OF SAN FRANCISCO, ET AL, SAN FRANCISCO SUPERIOR COURT NO. 437254

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible

station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 7, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Monfredini at 3:10 p.m.

Present:	Commissioner Lee Ann Monfredini, President – left at 5:00 p.m. Commissioner James M. Illig, Vice President Commissioner Roma P. Guy, M.S.W., Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D. – arrived at 3:35 p.m.
Absent:	Commissioner Edward A. Chow, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF FEBRUARY 21, 2006

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the February 21, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver attended the Budget Committee meeting. Commissioner Chow was absent.

Items for Approval

(3.1) **PHP-STD Prevention & Control** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $68,152, including a 12% contingency, to provide Fiscal Intermediary Support for the STD Prevention & Control "Positive Reinforcement Opportunity Project, " for the period of January 1, 2006 through June 30, 2006.

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Items for Discussion and Approval

(3.4) **AIDS OFF[illegible]E-HIV Prevention** – Request for approval of a retroactive renewal contract with the AIDS [illegible] n the amount of $81,760, including a 12% contingency, to provide training se[illegible] Prevention providers, for the period of January 1, 2006 through July 30, [illegible]

Commissio[illegible] Comments

- Commissione[illegible] [illegible]d that future reports include the units of service for the previous contract. Joanna Rinaldi will provide the Commission with the detailed units of service for the last contract.

(3.6) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive new contract with the UCSF-Positive Health Program, in the amount of $140,296, including a 12% contingency, to develop and provide HIV Prevention – Skills Building Training Services for Prevention for Positives in a Clinical setting, for the period of September 1, 2005 through June 30, 2006.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

Plaza Apartments Grand Opening On March 15th

Commissioners have received an invitation to the grand opening of the Plaza Apartments, 988 Howard @ 6th, on March 15th, from noon – 1:30. This extraordinary mixed-use development is the latest entry in the Department's Direct Access to Housing program, providing 106 green and sustainable studio apartments with compressive support services to San Francisco's neediest and lowest income residents. The building also comes with 2,200square feet of retail and a state of the art performing arts space located on the first and basement levels. The Department's role has been to design and fund the support service package that will care for the new tenants, most of whom have been chronically homeless or needing placement out of our institutions. Services to the residents will be provided directly by staff from the Department of Public Health and Conard House. Here is a breakdown of the new tenants and where they came from:

• Returnees/certificate holders	9
• Directly from the street	18
• Shelters	5
• Healthcare and treatment programs	74
Total	106

DPH will also be providing the rent subsidy that enables the project owner to rent to extremely low-income people while being able to maintain a financially feasible project.

This project is further proof that people with long histories of homelessness and chronic medical and behavioral health conditions can live in the community with appropriate supports. Commissioner Monfredini has agreed to speak on behalf of the Health Commission during next week's ceremonies. She will be joined by Mayor Newsom and a number of other leaders from the City and community-based agencies who worked to bring this old hotel on line as one of the premier pieces to the South of Market Redevelopment Project area revitalization efforts.

Dr. Katz extended a special thanks to Marc Trotz, Margot Antonetty, Josh Bamberger, MD, Pam Swedlow, Sonia Bailey and John Tambis for the hard work each of them contributed to this project.

DSH Advance on Its Way to SFGH

Dr. Katz is happy to report that the State Department of Health Services is processing a $31 million payment to SFGH, representing an advance on disproportionate share services (DSH) provided during the six months ended 12/31/06. The Medi-Cal waiver has replaced payments previously made under SB855, SB1255 and GME with a payment system based on Certified Public Expenditures. The plan has not finalized a mechanism for making interim payments to public hospitals. SFGH was one of nine hospitals that submitted a request for an advance for costs incurred through 12/31. Those nine public hospitals will each receive an advance.

Healthcare for the Homeless Week

March 19-25 is the second annual Healthcare for the Homeless Week, a national event designed to draw attention to the need for appropriate healthcare for individuals who are homeless and an opportunity to recognize those who deliver an array of healthcare services to them.

The Department will be observing this occasion with two special presentations. On March 22nd noon-1:30 pm, in Room 220, Barry Zevin, MD, Medical Director of Tom Waddell Health Center, will be presenting a talk entitled, "Bio-Psycho-Social-Spiritual Approaches to Healthcare for the Homeless."

The following day, March 23rd from noon – 1 p.m., the Tom Waddell Community Advisory Board (TWHC CAB) will be presenting a play entitled "The Witness," in Room 220 produced by the Faithful Fools Street Ministry.

The Witness is a one-woman play written and directed by Martha Boesing, an internationally known playwright and acted by Recca Noon, a well-known local actor. Both Ms. Boesing and Ms. Noon will be available for questions after the presentation. Dr. Katz encouraged the Commissioners to attend this unique opportunity.

Health and Safety of the Day Laborer and Domestic Worker Community
On March 29th the Department of Public Health and the Unidos Community Council will be hosting a community forum: "Respect and Dignity: Working for the Health and Safety of the Day Laborer and Domestic Worker Community," at the Women's Building, 3543 18th St. from 6 p.m. – 8 p.m. The event is part of a partnership called Jornaleros Unidos con el Pueblo (Day Laborers United with the Community), or "Unidos." This research partnership is funded by the National Institute of Environmental Health Sciences and brings together staff from the Department of Public Health, immigrant day laborers and community service organizations. The project's goal is to improve the health and working conditions for the immigrant day laborer community.

Each of the Health Commissioners will be receiving invitations to attend this event. Dr. Katz hopes commissioners can join Rajiv Bhatia, MD and his staff, along with special appearances by day laborers and domestic workers who have recorded their stories on videotape and will be featured during the first half of the program. After the screening, staff will provide an overview of the Unidos project work and its accomplishments and a panel will be looking for proposed solutions to improve the health and safety of the workers. This is truly an exciting blend of public health and community outreach and participation. Dr. Katz looks forward to reporting back to this Commission on the outcome and lively discussion that will follow this important community forum.

LHH Residents Celebrate Construction Progress
The Laguna Honda Replacement Program is moving ahead and the residents and staff have planned the first of what will be a number of events to celebrate the construction progress of the new facility. The Commissioners, along with staff, residents and LHH volunteers, will have two chances to attend the first celebration this Friday at 1:30 p.m. in the Main Building and at 2:30 in Clarendon Hall. Come and see the newly erected and very impressive steel girders of the Link Building, have some refreshments, be a loud voice among the cheering section and sway to the melodies of a steel drum band.

Also, those who would enjoy a bird's eye view of construction sites can watch the live action at the rebuild site by going to the internet and logging onto Camera #1 & #2 at **http://turnerconstruction.oxblue.com/cam1/** or **http://turnerconstruction.oxblue.com/cam2/**.

Commissioners' Comments

- Commissioner Illig asked if the DSH money is already included in the DPH budget. Dr. Katz said it is already part of the budget.

- Commissioner Guy asked when the Commission would receive information about the State's licensing visit to Laguna Honda Hospital. Dr. Katz said that the State has not released its report, and may not do so for a few months. The State, in its exit conference, focused on two issues. The first is medication errors, which can be addressed through an IT solution. The second issue is patient-to-patient altercations. 70 percent of the people highlighted by the State are diagnosed with advanced Alzheimer's disease. The Department will be working on better behavioral plans, more activities and more cohorting of people with advanced dementia.

5) UPDATE ON THE CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION WORKPLAN

Christina Goette Carpenter, Community Health Promotion and Prevention (CHPP), Libby Albert, Department of Children, Youth and their Families and Patricia Erwin, CHPP, presented an update on the chronic disease prevention workplan.

Chronic Disease Prevention Guiding Principles

- Primary Prevention
- Interventions addressing individual, community and systems
- Physical activity focus

The workplan includes research, data collection, best practices and grant development; policy development; collarboration, partnership and coordination; training and advocacy; and pilot programs. Examples include the Citywide Chronic Disease Prevention Consortium, the Let's Be Healthy Fun n Fit Fair and the Childhood Nutrition & Physical Activity Task Force.

Ms. Albert talked about Mayor's Shape Up San Francisco Challenge. The mission is to increase the awareness of and opportunities for increased physical activity and improved nutrition through message and action. Challenge projects: basketball tournament, April 2006; Mayor's Summit, April 26, 2006; Mayor's Field Day and Kids Fitness Challenge, May 20, 2006; San Francisco Employees WALK & ROLL, August-September 2006; San Francisco Students and Families WALK & ROLL, October – November 2006.

Ms. Erwin described the Let's Be Healthy! Project, which is a collaborative project of DHP's Newcomer Health Program, Ocean Park Health Center, Family Health Center and Bay Area Community Resources. The goal is to promote overall well being, change community norms about healthy living and improve self-management of chronic health conditions among San Francisco's 25,000 Russian-speaking newcomers. The project includes a community education campaign, walking groups, yoga classes, healthy eating and cooking groups and group medical visits, among other activities. The project utilizes *Pomoshniks* who are recruited and trained to provide community leadership around healthy living.

Commissioners' Comments

- Commissioner Monfredini said that there are many barriers to physical activity, including fear, violence, lack of public spaces, etc. Adults often do not give children the freedom of movement. She applauded the success around healthy food availability.

- Commissioner Umekubo is shocked at the statistic that 80 percent of San Francisco children ages 5, 7 and 9 failed to meet physical activity standards. These are children's most active years. Commissioner Umekubo said there is a misconception that a person must work out at the gym to get healthy when just 30 minutes a day is considered moderate exercise. The Department should get the message out to counteract this misperception.

- Commissioner Sanchez said San Francisco spearheaded the development of early childhood education programs that emphasized exercise, diet and health. This model should be revisited, based on San Francisco's student and family composition. Commissioner Sanchez said the infrastructure at the schools does not encourage physical activity. Different communities face different barriers, and the disparate needs must be kept in mind when trying to increase physical activity.

- Commissioner Guy sees this effort as the beginning of defining what role the Health Department has in citywide physical activity and what the public health benefits of physical activity are. The initiative targeting the Russian community increased sociability and decreased depression, as well as increasing physical activity. She would like the PHP JCC to discuss lessons learned from the Mayor's Summit to take this to the next step. We have to look at the workplace as a place for people to have physical activities. We have to collaborate with the schools to increase sports opportunities.

- Commissioner Illig encouraged getting DPH's contract partners involved in this effort.

- Commissioner Tarver said that physical activity is not a factor at any of the DPH sites he works at. If the message is not having an impact on DPH sites, this does not bode well for the general community. Commissioner Tarver said people in the Bayview understand and desire fresh, nutritious food but face issues of cost and access.

6) UPDATE ON IMPLEMENTATION OF HEALTH MANAGEMENT ASSOCIATES' REPORT RECOMMENDATIONS

Mitchell H. Katz, M.D., Director of Health, presented an update on Health Management Associate's (HMA) recommendations. The report highlights the progress that has been made since October in implementing the recommendations of the HMA report. The number one recommendation was to assemble an Integration Steering Committee (ISC). This committee was created in August and has met bi-weekly since that time. The ISC formed subcommittees to address specific issue areas: the Clinical/Operations Subcommittee and the Capital Integration Committee. Rather than creating a Finance Integration Committee, the ISC took on the additional role as the Budget committee for the coming year.

Another recommendation was to recruit and hire a Chief Operating Officer. The steering committee wrote a job description and proposed the position to the Mayor's Office as a new initiative in the FY 06-07 budget proposal.

Dr. Katz updated the Commission on the status of HMA's recommendations in Section 2 of the report. An HMA consultant is functioning in the role of a long-term care health director. With her help, ISC created a job description. The Department was notified by the Mayor's Budget Office that funding for this position has been identified. The Department has been working with a consultant to identify uniform assessment tools used in other states to determine and prioritize need for nursing facility services. A tool that San Francisco could use without modification has not been identified.

The HMA report recommended that all persons with long term care needs should have access to a community-based case manager. Dr. Katz described the work of the targeted case management unit, as well has other intensive case management services, including the African-American IMD Alternatives Program, the creation of three intensive case management positions to facilitate connection of psychiatric clients from the hospital to the community and the conversion of the Bay View Hunter's Point day treatment program into an intensive case management program. Recognizing the need to coordinate and communicate across the system, DPH has integrated some of its key case management teams across the treatment system and with other city departments. In response to other recommendations, the ISC is looking into the potential of establishing a 20-hour per week clinic at LHH that is a satellite of one of the existing FQHC clinics. It has had discussions with St. Mary's about the possibility of creating a DPH SNF within their hospital, and is now exploring other placement options. A Medical Services Advisory Committee has been established to provide a voice for physicians and other medical care providers throughout the Department. And Dr. Katz raised the issue of regional planning for SNF services at the July meeting of the Association of Bay Area Health Officials.

In conclusion, Dr. Katz said the Department has made significant progress on HMA recommendations, and he believes that progress on these issues has improved DPH.

Commissioners' Comments

- Commissioner Guy would like to enhance the job description for the long-term care director by adding a component about collaborating with other parts of the long-term care continuum.

- Commissioner Sanchez said DPH has a history of collaboration and partnership. DPH, with its history of quality care and quality providers, is uniquely qualified to address issues around death and dying, long-term care, and other critical components.

- Commissioner Tarver said that the Department has responded to the HMA report with a true restructuring. He encouraged the steering committee to consider input from everyone who serves and is served by the system, not just administrators. He is pleased to see providers involved in this effort, and suggested adding an outpatient provider to the group. The committee structure should allow for the discussion of access to outpatient services, given current waiting lists. He and other Commissioners have requested a list of all the beds that DPH owns and has access to, and he looks forward to getting this information. He asked that future updates include progress reports on the long-term care community trust fund, because the Health Commission wants to keep this initiative alive. He supports a "RCF-plus" model, where RCFs have higher levels of staffing to support people who cannot successfully live in board and care homes or an independent setting.

- Commissioner Umekubo asked if other counties are lobbying for a waiver. Dr. Katz said that San Francisco is the only county with a large number of DP/SNF beds, so other counties are not seeking this. However, there is a movement to provide more alternatives to institutionalization.

- Commissioner Illig would like to see more outcomes attached to the Integration Steering Committee's work, such as the placement committee's goal to decrease the number of patients at SFGH and LHH that are waiting for placements into lower level of care settings by 50%. Commissioner Illig is anxious for DPH to have a database of all the beds that it has access to. He encouraged accessing and connecting the various lists and databases to get a comprehensive look at what is available in the city. He asked what happened to the money that was budgeted for a new SNF at SFGH. Dr. Katz said that it exists within SFGH's capital budget, but it is being used for other capital projects. Commissioner Illig said it would be very useful to look at the specific range of needs required for people to live in the community and the cost of meeting these needs. Commissioner Illig asked at what point the Department should stop arguing with the bureaucrats around the waiver and get the Legislature involved. Dr. Katz said the bureaucrats are not opposed to this approach. He noted, however, that this does not help with CMS. Commissioner Illig is looking forward to getting regular updates at the CHN JCC.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Guy, Illig, Sanchez, Tarver, Umekubo) voted to hold a closed session.

The Commission went into closed session at 5:10 p.m. Present in closed session were Commissioner Guy, Commissioner Illig, Commissioner Sanchez, Commissioner Tarver, Commissioner Umekubo, Mitchell H. Katz, M.D., Health Director, John Kanaley, LHH Executive Administrator, Adrianne Tong, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Guy, Illig, Sanchez, Tarver, Umekubo) approved a settlement in the amount of $200,000, M. Harb V. City and County of San Francisco, et al, San Francisco Superior Court No. 437254.

D) Reconvene in Open Session

The Commission reconvened in open session at 5:35 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Guy, Illig, Sanchez, Tarver, Umekubo) voted not to disclose any discussions held in closed session.

9) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: **http://www.sfdph.org**

AGENDA

HEALTH COMMISSION MEETING

Tuesday, March 21, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1/06

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 7, 2006**
**Minutes of the meeting of March 7, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **CHN-SFGH** – Request for approval of a contract modification to add SFG Imaging Consultants, Inc. to the previously approved contract shared by three contractors to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital and to increase the contract by $509,000, from $1,200,000 to $1,709,000, for the period of July 1, 2005 through June 30, 2006.
** Contract summary*

Items for Discussion and Approval

(3.2) **CHN-Patient Financial Services** – Request for approval to submit a resolution to the Board of Supervisors to accept revenues estimated to exceed $1,000,000 under a contract with Health [illegible]cates, LLP.
** Request memo, Resolution*

(3.3) **CHN-Patient Financial Services** – Request for approval of a renewal contract with Health [illegible] LLP [illegible]hance Medi-Cal and other third-party reimbursements through uncompensated care reim[illegible]rvices at San Francisco General Hospital, with compensation based on con[illegible]out of recoveries obtained by the contractor, for the period of Ar[illegible]006 through December 31, 2009.
[illegible]ontract summary, Monitoring report summary

(3.4) **CH[illegible]ration** – Request for approval to submit a resolution to the Board of Supe[illegible]s estimated to exceed $1,000,000 under a contract with Toyon A[illegible], Inc.
** Request memo, Resolution*

(3.5) **CHN-SFGH, LHH & HAH** – Request for approval of a renewal contract with Toyon Associates, Inc., in the amount of $1,754,056, to provide regulatory reporting and reimbursement and revenue optimization services to San Francisco General Hospital, Laguna Honda Hospital and Health at Home, for the period of April 1, 2006 through March 31, 2010.
** Contract summary, Monitoring report summary*

(3.6) **CHN-SFGH** – Request for approval of a retroactive new contract with Tsang Architecture, in the amount of $160,000, to provide master planning services for the development of a new acute care hospital building for San Francisco General Hospital, for the period of March 1, 2006 through December 31, 2006.
** Contract summary*

(3.7) **DPH-Community Programs Prevention Services** – Request for approval of a resolution approving the use of interim agreements to extend the terms and conditions of FY 2005-06 contracts into the first six months of FY 2006-07.
** Request memo, Resolutions, Interim Agreement list*

(3.8) **PHP-CHSS-TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $1,488,000, to provide operational services of the Francis J. Curry Regional Training and Medical Consultation Center, targeting health care providers, allied health professionals, social service providers, TB and other related training providers, funders interested in TB, and related health concerns throughout the United States, for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE MARCH EMPLOYEE RECOGNITION AWARDS**
**List of Awardees*

6) **FOR DISCUSSION:** **UPDATE ON NON-PROFIT CONTRACTOR TASK FORCE**
(Anne Okubo, Deputy Finance Director)
**Update*

7) **FOR DISCUSSION:** **PROGRESS REPORT ON INITIATIVES TO INCREASE HEALTH INSURANCE COVERAGE AND ACCESS IN SAN FRANCISCO**
(Mitchell H. Katz, M.D., Health Director)
**Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals [illegible] entities that influence or attempt to influence local legislative or administrative action may [illegible] required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300, [illegible] (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, March 21, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1/06

1) CALL TO ORDER

President Monfredini called the meeting to order at 3:10 p.m.

Present: Commissioner Lee Ann Monfredini, President
Commissioner James M. Illig, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.,
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.

Absent: Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 7, 2006

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the March 7, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Tarver and Commissioner Chow attended, the Budget Committee meeting

Items for Approval

(3.1) **CHN-SFGH** – Request for approval of a contract modification to add SFG Imaging Consultants, Inc. to the previously approved contract shared by three contractors to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with on-call availability 7 days a week, for San Francisco General Hospital and to increase the contract by $509,000, from $1,200,000 to $1,709,000, for the period of July 1, 2005 through June 30, 2006.

Items for Discussion and Approval

(3.2) **CHN-Patient Financial Services** – Request for approval to submit a resolution to the Board of Supervisors to accept revenues estimated to exceed $1,000,000 under a contract with Health Advocates, LLP.

(3.3) **CHN-Patient Financial Services** – Request for approval of a renewal contract with Health Advocates, LLP to enhance Medi-Cal and other third-party reimbursements through uncompensated care reimbursement recovery services at San Francisco General Hospital, with compensation based on contingency fees to be paid out of recoveries obtained by the contractor, for the period of April 1, 2006 through December 31, 2009.

(3.4) **CHN-Administration** – Request for approval to submit a resolution to the Board of Supervisors to accept revenues estimated to exceed $1,000,000 under a contract with Toyon Associates, Inc.

(3.5) **CHN-SFGH, LHH & HAH** – Request for approval of a renewal contract with Toyon Associates, Inc., in the amount of $1,754,056, to provide regulatory reporting and reimbursement and revenue optimization services to San Francisco General Hospital, Laguna Honda Hospital and Health at Home, for the period of April 1, 2006 through March 31, 2010.

(3.6) **CHN-SFGH** – Request for approval of a retroactive new contract with Tsang Architecture, in the amount of $160,000, to provide master planning services for the development of a new acute care hospital building for San Francisco General Hospital, for the period of March 1, 2006 through December 31, 2006.

(3.7) **DPH-Community Programs Prevention Services** – Request for approval of a resolution approving the use of interim agreements to extend the terms and conditions of FY 2005-06 contracts into the first six months of FY 2006-07.

> Secretary's Note – Commissioner Tarver abstained from voting on this item as it relates to the contracts with Baker Places and Westside Community Health Center. Commissioner Chow abstained from voting on this item as it relates to the contract with NICOS. Commissioner Illig abstained as it relates to the contracts with St. Mary's Medical Center and Project Open Hand.

(3.8) **PHP-CHSS-TB Control** – Request for approval of a retroactive sole source contract renewal with the Regents of the University of California, in the amount of $1,488,000, to provide operational services of the Francis J. Curry Regional Training and Medical Consultation Center, targeting health care providers, allied health professionals, social service providers, TB and other related training providers, funders interested in TB, and related health concerns throughout the United States, for the period of January 1, 2006 through December 31, 2006.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar, including Resolution 05-06, "Approving Use of Interim Agreements to Extend the Terms of Fiscal Year 2005/06 Contracts into the First Six Months of Fiscal Year 2006/07 for the Department of Public Health," (Attachment A). Commissioner Tarver abstained from voting on Item 3.8 as it relates to Baker Places and Westside Community Mental Health, Commissioner Chow abstained as it relates to NICOS and Commissioner Illig abstained as it relates to Project Open Hand and St. Mary's Medical Center.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

World TB Day
The Department will be co-hosting its annual World TB event with the Chinese Newcomer's Service Center March 23, 10 a.m., at Chinatown Public Health Center. The good news this year is that San Francisco's TB cases for 2005 are the lowest in the City's history. Between 2002 and 2005, TB cases in the City dropped to a record low of 132 from a recent high of 296 in 1993 when TB cases began to spike during a brief resurgence among people infected with HIV/AIDS. However, the City's TB case rates remain the highest in the nation. The TB Control Section points to a number of strategies that have proven effective in producing better TB outcomes. Last year, San Francisco was the first county in the nation to adopt a breakthrough technology—Quantiferon-TB Gold® (QFT), a new, blood assay-based TB diagnostic—to replace the less accurate, subjective, 100-year-old skin test for TB. The new TB test does not require patients to return to a clinic to have their tests read by a nurse, resulting in greater accuracy and more immediate results.

Currently data shows that Asian newcomers bear a disproportionate burden of TB in the City, which is where the Department will focus its efforts on World TB Day and throughout the coming year. A patient from the Asian community who has undergone treatment for TB will be speaking at the press conference. Dr. Katz encouraged Commissioners to join staff for this press event on Thursday.

Cultural Competence Training Courses Nearly Complete
The Department's Cultural Competence unit is completing a series of trainings and workshops that were designed to instill in DPH staff and community partners a deeper understanding of the critical role that cultural competency plays in the delivery of public health services. The series of five workshops began in November and will conclude on May 12th with "Best Practices in Cultural Competence." Past topics addressed awareness, assessment, setting goals and objectives and the differences in communicating with diverse populations.

The final workshop will provide a forum for recognizing a program or components of programs that have made exemplary efforts to advance cultural competence. The organizers of the May 12th workshop have asked DPH staff to identify programs that reflect a Best Practices approach to delivering health care within a cultural competency framework. Dr. Katz believes this Department has a wealth of such programs that will be identified.

St. Luke's Community Forums
As the Commission is aware, St. Luke's Board of Director's has voted to merge with CPMC, a

Sutter Health affiliate. As a result of this pending merger, St. Luke's is hosting two community forums to help determine what services are important to their patients and local residents who rely upon St. Luke's as a facility for their health care needs.

At the first forum last week, St. Luke's informed those in attendance that they have no plans to close down St. Luke's, the emergency room or the inpatient hospital. Additionally, they will continue to provide charity care and maintain their mission of not turning people away based on inability to pay. St. Luke's intends to continue taking uninsured and Medi-Cal patients and, at the same time, will also pursue privately insured patients to decrease their losses. They also talked about the rebuild and said that they are hoping that St. Luke's will not be under the 2008 deadline, but the 2013 deadline because they will now fall under the CMPC umbrella, and CPMC is planning to rebuild their hospital. The final community meeting is this afternoon.

Hearing on Massage Parlor Rules and Regulations

The Environmental Health Section is hosting a public hearing March 23rd at 9:30 a.m., on the proposed modifications and additions to the rules and regulations for massage establishments and practitioners. The hearing will provide the opportunity for staff to review the new proposed rules and regulations with owners and practitioners and answer questions. Some of the new regulations include:

- Facilities must be equipped with massage tables. No beds permitted.
- Outside doors may be locked for security purposes. Inside doors cannot be locked.
- A massage trainee practitioner's permit will be issued for 90 days, with only one 90-day renewal allowed.
- Chair massage therapists, previously not mentioned in the original ordinance, will come under the new regulations.

The Department of Public Health has been regulating massage facilities and therapists since July 2004. This is the first set of changes to the original regulations. The new ordinance is posted on the Department's website.

Bedbug Symposium

As a result of increased reports of bedbug infestations, the Environmental Health Section has scheduled a symposium entitled "How to Control Bedbugs in San Francisco" March 30, from 3 – 6 p.m. here at 101 Grove St.. The Department has sent letters of invitation to all licensed pest control companies and hotel owners and operators in the City. The workshop will cover the biology of bedbugs, scientifically proven control methods, legal responsibilities and the Department of Public Health's expectations of pest control operators and those who own and manage hotels. Organizers of the event have lined up speakers from the California Department of Health, Vector Borne Disease Section; Entomologists from the industry; Biologists from the Department of Agriculture on Pesticides Use/Control; and a Deputy City Attorney.

Nutrition Services

Nutrition Services, whose programs served more than 84,000 San Francisco residents last year, is holding a Community Partners Open House March 29th 3:30 - 5:30 p.m. 30 Van Ness, Suite 3500 (3rd floor). The afternoon gathering will provide staff from Nutrition Services an opportunity for community partners to network and to update them on all of the programs that are available to their clients. Refreshments from the Heart of the City Farmers' Market and La Cocina Community Kitchen will be served. Each of the Commissioner's has been sent an invitation to this event. We hope you can join Nutrition Services next Wednesday to learn about this important nutrition program for many of the City's youngest and most dependent residents.

ABC News 20/20 at Laguna Honda Hospital

An ABC 20/20 news team spent last Friday at Laguna Honda Hospital videotaping Dr. Ian Zlotolow, a dentist at Laguna Honda Hospital. Prior to coming to San Francisco, Dr. Zlotolow's had spent some time in Africa making prosthetic ears for people mutilated by war in Sierra Leone. His work there and his subsequent adoption of his son, Lansana, was brought to the attention of ABC news from a number of sources, including a special feature on his work in the *New York Times.* This remarkable man and his story will be featured on ABC News 20/20, Channel 7, March 24th.

LHH Replacement Structure to Appear on News Hour With Jim Lehrer

Reporter Spencer Michaels and the crew from the Jim Lehrer News Hour spent some time videotaping the steel frame of the Laguna Honda Hospital Replacement Program new Link Building last week as part of their special report on the 100th Anniversary of the 1906 Earthquake. The Laguna Honda Replacement piece was chosen to illustrate the requirements for California hospitals to meet seismic standards. The program will air on April 18th.

Community Health Network, San Francisco General Hospital, March 2006 Credentials Report

	03/06	07/05 to 03/06
New Appointments	11	128
Reinstatements	0	0
Reappointments	48	337
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	14	98
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	6	44
Voluntary Relinquishments	7	37
Proctorship Completed	11	107
Proctorship Extension	0	6

Current Statistics – as of 03/1/06	
Active Staff	465
Courtesy Staff	575
Affiliate Professionals (non-physicians)	197
TOTAL MEMBERS	1,237

Applications In Process	22

Applications Withdrawn Month of March 2006	0	2 (07/05 to 03/06)
SFGH Reappointments in Process Apr. 2006 to Jul. 2006	221	

Commissioners' Comments

- Commissioner Monfredini said it is exciting to see the steel go up at Laguna Honda Hospital.

- Commissioner Chow thanked Dr. Katz for highlighting the World TB efforts in Chinatown. He asked if there was any mention at the St. Luke's community forums of closing St. Luke's OB services. Dr. Katz said St. Luke's has not said they are closing any services.

- Commissioner Illig asked that once DPH staff identifies cultural competency best practices, these be brought to the Community Health Network Joint Conference Committee. Commissioner Illig encouraged his colleagues to attend one of the tours that are being organized by the Long Term Care Coordinating Council.

- Commissioner Chow said that he and Commissioner Guy attended the tour of the Mercy Housing Mission Creek development. It is a wonderful development.

- Commissioner Monfredini said she and Commissioner Tarver were at the opening of the Plaza housing development, and were very impressed. Commissioner Guy said this is a wonderful standard to have reached.

- Commissioner Illig said there was much support for the $25 million supplemental for the SFGH rebuild and he commended Gene O'Connell and the doctors from San Francisco General for speaking so passionately in support of the rebuild.

5) PRESENTATION OF THE MARCH EMPLOYEE RECOGNITION AWARDS

Commissioner Monfredini presented the Employee Recognition Awards for the month of March.

Team Award	**Division**	**Nominated By**
Psychiatric Consultation Liaison Nursing Service Team • Antionette Griffin • Grad Green • Kari Hanson • Janice Papedo	SFGH	Alicia Boccellari and Sharon Wicher

6) UPDATE ON NON-PROFIT CONTRACTOR TASK FORCE

Anne Okubo, Deputy Finance Director, gave a status report on the implementation of recommendations of the Non-Profit Contracting Task Force. Ms. Okubo reminded the Commission that the Board of Supervisors created the Non-Profit Contracting Task Force to review city contracting and make recommendations to improve and streamline contracting processes for non-profit health and human service contractors. There were 13 recommendations.

Ms. Okubo updated the Commission about what has transpired since the last report to the Health Commission in October 2005. Progress has been made in the areas of joint monitoring, revised milestones and 18-month contracts. 67 non-profit agencies have contracts with two or more city departments. Fiscal, compliance and program reviews have been completed for more than half of the agencies. DPH is the lead department for approximately one-third of the agencies. DPH also participates in monthly meetings with the Controller's Office, HSA and DCYF to coordinate and review the implementation of joint monitoring. Recently, a Steering Committee was established by the Controller's Office to review joint monitoring protocols and procedures. DPH is a member of the Steering Committee. New milestones for achieving Task Force recommendations will be presented to the Board of Supervisors at a hearing on April 24. A few highlights of revised milestones are:

- Contracts to include clear service definitions and monitoring protocols. In future contract renewals, these service definitions and monitoring protocols will be used to develop outcome driven services.
- Departments will adopt the Controller's Office risk assessment protocols to determine which agencies will be monitored. Agencies that are low risk may require a site visit once every three years. New agencies or programs at higher risk may be monitored annually. The Controller's protocols also establish the criteria to determine if a review requires a site visit or if it can be done as an agency self-assessment.
- The Office of Contract Administration will survey contractors on implementation of Task Force recommendations to get feedback on unnecessary requirements; systemic causes of contract certification delays or payments; and preferences for consolidated contracts.

DPH piloted a new contract model that combines the 12-month annual contract and the 6-month interim contract. Community Behavioral Health Services will begin to see the benefits of the 18-month contract in the new fiscal year. The 18-month contract model will be implemented DPH-wide as contracts are renewed.

Ms. Okubo said that contractors have been critical of DPH implementation of the task force recommendations, and specifically concerned with late contract certifications, minimal consolidation of DPH contracts and that the contracted scope of services is too broad and does not clearly identify service definitions, monitoring requirements and outcome objectives. Dr. Katz convened a meeting yesterday with DPH staff and contractor representatives from Task Force. Four outcomes were agreed upon as a result of that meeting:

- DPH will review the proposed milestones to ensure that timelines are achievable;
- DPH will participate in an interdepartmental work group to review the best practices of other city departments;
- DPH will review statistics on late contract certifications to provide quantitative data to assess delays; and
- A representative of DPH programs will join the Non-Profit Task Force to ensure both administrative and program representation by DPH.

Public Comment

- Judith Stevenson, representative of the Human Services Network, said it is exciting to see the progress being made around contract reform and the support of the Health Commission and the Board of Supervisors. This has been a five-year process. She thanked Dr. Katz, Anne Okubo, Jimmy Loyce, Michelle Long, Barbara Garcia and others for their efforts. Ms. Stevenson urged the Commissioners to talk to their colleagues on other commissions to be clear that contract reform does not negatively impact accountability.

Commissioners' Comments

- Commissioner Tarver asked if the task force is looking at clinical, programmatic treatment outcomes as well as fiscal and compliance objectives. Ms. Okubo said that is beyond the scope of this group. The focus of this group is to examine how to best do joint contract monitoring. Ms. Okubo said there is a lot of interest in the Department to monitor outcome objectives. Commissioner Tarver asked Ms. Okubo to comment on the impact of staff reductions on this effort. Ms. Okubo said there are opportunities to streamline processes to make them more efficient, but it is also an issue of reduced administrative staff. Commissioner Tarver asked if there has been any consideration of cross training across departments. Ms. Okubo replied that she recently had discussions about cross training within DPH, and she will pursue this further with the consultants

- Commissioner Illig thanked Dr. Katz for convening the meeting with the non-profits. Commissioner Illig is pleased that DPH has very specific milestones, which will be presented to the Board of Supervisors. He is particularly pleased to see that OCA is going to survey contractors. He looks forward to future updates.

7) PROGRESS REPORT ON INITIATIVES TO INCREASE HEALTH INSURANCE COVERAGE AND ACCESS IN SAN FRANCISCO

Mitchell H. Katz, M.D., Health Director, presented an overview of two new initiatives to expand health care coverage in San Francisco. The Department has taken an incremental approach to achieving universal health care. Since 1991 DPH has developed four significant programs to expand coverage and access for the uninsured: Healthy Workers, the Health Care Accountability Ordinance, Healthy Kids, and the Healthy Kids Young Adult expansion. The two new initiatives are the Taxi Driver Initiative and the Universal Health Care Council. Jean Fraser, Director of the San Francisco Health Plan, described the Taxi Driver Initiative.

Taxi Driver Health Coverage Plan – Overview

- 7,000 taxi drivers in San Francisco, most are independent contractors
- Approximately half of all taxi drivers in SF lack health insurance, and taxi drivers are very low income
- Proposal to fund health coverage through the San Francisco Health Plan (SFHP), with funding to be obtained from four possible industry revenue sources: drivers, medallion holders, cab companies, and the riding public.

Mayor Newsom's Universal Health Care Access Council

In 2005, Supervisor Ammiano introduced legislation that would require all San Francisco employers with 20 or more employees to either provide health insurance to workers or pay into a fund to cover the cost of the City of uncompensated care provided to uninsured workers. At the same time, Mayor Newsom developed a Universal Health Care Council charged with developing strategies for providing health access to all uninsured persons. In particular, he asked that the Council develop a defined benefit plan. Under such a plan there would be a list of services with a corresponding list of co-pays that people would be entitled to. Employers would pay for some of the cost of the program.

The Universal Healthcare Council's agenda is to clarify the scope of benefits to be provided, specify the model of service delivery and the provider network, specify eligibility requirements, determine program administration and organization, avoid "crowd out," recommend financing and determine regulation. Dr. Katz described the many benefits of a defined benefits plan, including 24-hour customer service, set charges so people know in advance how much they will be charged for their care and the fact that people will have a medical "home" with an emphasis on prevention and primary care service.

Conclusions

- San Francisco is one of the most generous municipalities in the US in providing health care benefits
- No one is turned away from San Francisco General Hospital, the primary care centers or emergency departments
- With coverage, people are more likely to receive needed medical care and have better health status
- San Franciscans have repeatedly demonstrated their strong commitment to universal health care coverage for all residents

Commissioners' Comments

- Commissioner Chow asked if the Taxi Commission is going to in fact select one of these options. Ms. Frasier said that the Taxi Commission has asked that this proposal be presented to the Commission at its next meeting. It is up to them to decide if they want to take action.

- Commissioner Sanchez asked if the health insurance would be available for dependents of taxi drivers, as well as the driver. Ms. Fraser said that including dependent care rendered an already complex issue prohibitively complex, so the decision was made not to include dependents. Commissioner Sanchez asked if commercial health care is available for this population. Ms. Fraser said that this population would not be considered a group, so the only commercial product available would be individual plans, which are costly.

- Commissioner Tarver noted that there is a capacity problem in CBHS and CHN, so this has to be taken into consideration when assumptions are made about where people can access care. Ms. Fraser noted that it was never assumed that the CHN network would be the delivery system for the taxi cab drivers, but rather the entire SFHP delivery system.

- Commissioner Guy said this proposal is another attempt to increase health insurance and access to that large population of uninsured adults, and she applauds and supports these policy discussions. It might be the case that other SFHP programs would cover the child dependents of taxi drivers.

- Commissioner Chow asked how offering services through a defined benefits plan differs from telling people that they can come to the public hospital. Dr. Katz said that through this initiative and Supervisor Ammiano's legislation, there is the potential for a revenue source that could be used to expand services. In addition, channeling people through the benefits plan allows for a level of customer service that does not currently exist. Thirdly, this would allow the Department to tell people what each service costs before he or she receives services. They will know what to expect in terms of their financial obligation. This certainty does not exist in the current system. Related to that, there are large numbers of low-income people who would benefit from our system but do not use it, for a variety of reasons. By enrolling people in this plan, people are more likely to use the service. If this initiative gets off the ground, the Department and the Health Commission may want to reconsider replacing part of its sliding fee scale with this program. Commissioner Chow asked if there are models for this program. Dr. Katz said San Mateo County moved from its existing sliding scale to this model, but for a limited population. They found that satisfaction improved and they collected more money.

- Commissioner Guy supports this effort. It is a breakthrough for the community. San Francisco has a rich public health system to build on. She asked if the San Francisco Health Plan has the capacity to administer this program. Ms. Fraser said the SFHP governing board has begun this discussion. The board has directed the health plan to pursue expanding capacity. Commissioner Guy said there is going to be a public forum on April 5th.

- Commissioner Tarver supports the expansion of health care. He is concerned that attention be paid to the culturally competency and cultural match of providers. Ms. Fraser replied that the main way the health plan addresses this is to provide a provider directory that lists provider details, and allowing enrollees to choose. The health plan has a fairly large network, which allows for diversity. Commissioner Tarver said there are people who want to see someone of a specific ethnicity, race, gender, etc., and should be given the means to easily find someone they are comfortable with. Ms. Fraser said she is willing to look at this issue further.

- Commissioner Illig noted that the point was made at the CHN Joint Conference Committee meeting that many of the people who would be part of the defined benefit plan are already part of the DPH system. Commissioner Illig said another reason for the increase cost of health care is the profit margin. Commissioner Illig asked when the Universal Health Care Access Council would complete its work. Dr. Katz said it would be finished in May.

- Commissioner Chow is confident that these reasonable, effective and efficient initiatives could only happen with the leadership of people like Jean Fraser and Mitch Katz.

Public Comment

- Ed Warshauer, SEIU 790, said the union is very proud to be associated with the Taxi Driver and Universal Healthcare initiatives. He thinks it would be a problem if the employee is required to pay a share of insurance costs. A small portion of even a discounted rate may be too much for people to afford.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 05-06

RESOLUTION APPROVING USE OF INTERIM AGREEMENTS TO EXTEND THE TERMS OF FISCAL YEAR 2005/06 CONTRACTS INTO THE FIRST SIX MONTHS OF FISCAL YEAR 2006/07 FOR THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the contractors listed on Attachment "A" currently provide health services to the residents of San Francisco through contracts with the Department of Public Health; and

WHEREAS, the renewal of these contracts may not be completed through the regular contract processes prior to their expiration dates, which are June 30, 2006, or earlier, thereby causing financial hardship to the contractors listed; and

WHEREAS, it is the intention of the Health Commission that these contractors continue to be paid as much as possible at the 2005/06 contract rate(s) as reflected in the final version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously; and

WHEREAS, monthly payment to the contractors listed in Attachment "A," until such time as the availability of funds for these 2006/07 contracts are certified by the Controller, will greatly reduce the financial hardship on these contractors;

WHEREAS, the Health Commission believes that a smooth transition from one contract year to another is important to minimize any disruption in services to San Francisco residents; and

NOW, THEREFORE, BE IT RESOLVED, that the Health Commission (Commissioner Illig abstaining as it relates to Project Open Hand, Commissioner Tarver abstaining as it relates to Baker Places and Westside Community Mental Health and Commissioner Chow abstaining as it relates to NICOS) hereby approves the continuation of Department of Public Health contracts through the use of Interim Agreements with those contractors shown in Attachment "A" at the 2005/06 contract rate(s) as reflected in the most recent version of their 2005/06 contracts, except when such payments would conflict with the Department's 2006/07 budget and sources of revenue, in which case adjustments may be made as warranted to ensure compliance as needed with the Department's 2006/07 budget, taking into account the need to process contracts and contract payments expeditiously, and until such time as the availability of funds for 2006/07 contracts ("renewals") is certified by the Controller, or through December 31, 2006 or an earlier date specified by the Department, whichever comes first. After certification of the 2006/07 "renewal" contracts, the contractor will provide an adjustment invoice to reconcile any differences between 2005/06 rates and the final 2006/07 negotiated contracts/rate(s); and be it

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 05-06 (continued)

FURTHER RESOLVED, that the Health Commission hereby approves provision in each of the contracts shown in Attachment "A" to allow an initial payment to be paid to all those contractors designated by the Department. Such payment shall not exceed twenty-five percent (25%) of the contract's maximum compensation amount of General Fund monies (including any Substance Abuse and Crime Prevention Act/Proposition 36 monies), as applicable, and may be adjusted as determined to be appropriate by the Department to reflect potential changes in the Department's 2006/07 budget; and be it

FURTHER RESOLVED, that in order to ensure the smooth continuation of funding for services, for those contracts which are listed in "Attachment A" which include grant and/or work order funding that continues into 2006/07, adjustments may be made as needed to the exhibits related to these funds to enable their continuation until such time as the availability of funds for 2006/07 contracts ("renewals") is certified by the Controller, or through December 31, 2006 or an earlier date specified by the Department, whichever comes first, in compliance with related grant agreements with grantors and/or the State.

I hereby certify that the Health Commission at its meeting of March 21, 2006, adopted the foregoing resolution.

Michele M. Seaton
Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 05-06 (continued)

"2006/07 Interim Agreements List
Attachment A

Bay Area Addiction & Treatment Services
Aguilas
AIDS Community Research Consortium
AIDS Legal Referral Panel
Alameda County
Alta Bates Hospital
Alternative Family Services
AmeriChoice
Ark of Refuge, Inc.
Asian American Recovery Services
Asian Pacific Islander Wellness Center
Asian Women's Shelter
BAART Community Healthcare
Baker Places
Bay Area Community Resources
Bay Area Young Positives
Bayview Hunter's Point Foundation
for Community Improvement
Bayview Hunter's Point HERC
Better World Advertising
Black Coalition on AIDS
Booker T. Washington
Boys & Girls Club of San Francisco
Brainstorm Tutoring
Caduceus Outreach Services
Calvin Y. Louie, CPA
Catholic Charities
Catholic Charities CYO
CYO/St. Vincent School for Boys
Catholic Healthcare West-St. Francis Hospital
Catholic Healthcare West-St. Mary's Hospital
Catholic Healthcare West-McAuley Day Treatment
Center on Human Development
Center on Juvenile & Criminal Justice
Centerforce
Central City Hospitality House
Community Awareness & Treatment Services
Children's Council Network
Chinatown Community Development Center
City College of San Francisco
Community Vocational Enterprises
Compass Community Services
CompassPoint Nonprofit Services
Conard House
Continuum HIV Day Services
Crestwood Behavioral Health Services
Curry Senior Center
David F. Wee
Dolores Street Community Center
Edgewood Children's Services
Eldergivers
Emergency Behavioral Health Professionals
Episcopal Community Services
Families First
Family Service Agency of San Francisco
Fred Finch Youth Center
Fort Help
Fremont Hospital
Friendship House of American Indians
Gerson/Overstreet Architects
Golden Bear
Haight Ashbury Free Clinics
Hamilton Family Center
Harder+Company
Harm Reduction Coalition
Heritage Oaks Hospital
High Gear
Homeless Children's Network
Homeless Prenatal Program
Horizons Unlimited
Huckleberry Youth Programs
Hyde Street Community Services
Institute of Community Health Outreach
Instituto Familiar de la Raza
International Institute
Iris Center
Japanese Community Youth Center
Jelani House
Jewish Family & Children's Services
John Muir/Mt. Diablo Medical Pavilion Hospital
John Stewart Company
La Casa de las Madres
Larkin Street Youth Services
Latino Commission

Lavender Youth Recreation & Information
Learning Services of Northern California
Legal Services for Children
Lincoln Child Center
Lutheran Social Services of Northern California
Lyon Martin Women's Health Center
MedImpact
Mental Health Management dba Canyon Manor
Mercy Housing Development Corp.
Metropolitan Community Foundation
Mills Peninsula Hospital
Mission Council on Alcohol Abuse
    for the Spanish-speaking
Mission Housing Development Corp.
Mission Neighborhood Health Center
Morrisania West
Mt. St. Joseph-St. Elizabeth's Center for
  Families in Recovery
Mt. Zion Health Fund
MV Transportation
National Council on Alcoholism
National Medical Healthcard Systems, Inc.
Native American Health Center
New College of California
New Leaf...Services for Our Community
NICOS
North & South Market Adult Day Health Corp.
Oakes Children's Center
Ohlhoff Recovery Services
O'Rorke, Inc.
PHFE Management Solutions
Polaris Research & Development
Positive Directions Equals Change
Positive Resource Center
Potrero Hill Neighborhood House
Progress Foundation
Project Open Hand
Promotions West
Quan Yin Healing Arts Center
Ramsell Corporation
Rebekah Children's Services
Recreation Center for the Handicapped
Regents of the University of California:
- AIDS Health Project (AHP)
- Center on Deafness (COD)
- Children's System of Care Evaluation
- Citywide Case Management (CWCM)
- Crisis Resolution Team (CRT)
- Family Health Outcomes Project (FHOP)
- Positive Health Practice Program
- Single Point of Responsibility (SPR)
- Stonewall Project
- TB Program

Resource Development Associates
Richmond Area Multi-Services
RISE Institute
Romic Environmental Tech
SAGE Project
San Francisco AIDS Foundation
San Francisco Bar Association
San Francisco LGBT Community Center
San Francisco Mental Health & Education Funds
San Francisco Network Ministries
San Francisco Pre-Trial Diversion
San Francisco Psychoanalytic Institute & Society
San Francisco Study Center
San Francisco Suicide Prevention
San Mateo County
Self Help for the Elderly
Seneca Center
San Francisco Hearing & Speech
Shanti Project
Sierra Vista Hospital
South of Market Health Center
Special Services for Groups
St. James Infirmary
St. Luke's Health Center
St. Vincent de Paul Society
Stanislaus Behavioral Health Center
STOP AIDS Project
Sunny Hills
Support for Families of Children with Disabilities
Sutter Memorial Hospital
Swords to Plowshares
Tenderloin AIDS Resource Center
Tenderloin Housing Clinic
Tenderloin Neighborhood Development Corp.
Thunder Road
Tides Center
Turnstone Consulting
Victor Treatment Center
ValueOptions

Volunteer Center of San Francisco
Walden House
Westside Community Mental Health Center
YMCA
Youth Leadership Institute
Zialogic

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Department of Public Health
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San Francisco, CA 94102

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Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 4, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

Please note, there will not be a Budget Committee meeting prior to the Health Commission meeting.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 21, 2006**
**Minutes of the meeting of March 21, 2006*

3) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health).
(Report on activities and operations of the Department)
**Director's Report*

4) **FOR DISCUSSION AND ACTION:** **PUBLIC HEALTH WEEK- 100th ANNIVERARY OF THE 1906 EARTHQUAKE AND CONSIDERATION OF A RESOLUTION RECOGNIZING PUBLIC HEALTH WEEK**
(Brian Katcher, Pharm. D., Public Health Pharmacist, CHPP, Community Programs)
**Report and Resolution*

5) **FOR DISCUSSION:** **DISASTER PREPAREDNESS/HOMELAND SECURITY UPDATE**
(Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning)
**Update*

6) **PUBLIC COMMENT/OTHER BUSINESS****

7) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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MINUTES

HEALTH COMMISSION MEETING

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Tuesday, April 4, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

President Monfredini called the meeting to order at 3:10 p.m.

Present:
Commissioner Lee Ann Monfredini, President
Commissioner James M. Illig, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.,
Commissioner David J. Sanchez, Jr., Ph.D. – left at 5:30 p.m.
Commissioner Donald E. Tarver, II, M.D. – left at 5:30 p.m.
Commissioner John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MARCH 21, 2006

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the March 21, 2006 Health Commission meeting.

3) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Supplemental Appropriations
On Wednesday, March 22nd, the Budget and Finance Committee recommended approval of $1,127,000 in project funding to begin planning for the rebuild of San Francisco General Hospital. The total projected cost of planning, which will include design work and completion of the

environmental impact report, is projected to cost $25,000,000 and will span two years. Additional funding for the 2006/07 fiscal year, which will enable the project to continue, will be considered as part of the 2006/07-budget process. This will enable the Department to complete detailed planning and provide accurate cost estimates to the voters when a General Obligation Bond is placed on the ballot. General fund appropriations for this project will be repaid from the proceeds of General Obligation Bonds when those bonds are approved by the voters and issued.

On March 29th, the Committee also recommended approval of $1,755,000 for three projects at our neighborhood clinics. $450,000 will fund a workflow process improvement review at 12 clinics. $405,000 will fund wiring and data systems upgrades and exam room equipment at 6 clinics, and $900,000 will fund additional wiring at 9 clinics. The Board of Supervisor's takes final action on these appropriations today.

Mental Health Services Approves Community Services and Supports Plan

Dr. Katz is happy to report that the California Department of Mental Health (DMH) has approved the Community Services Supports (CSS) three-year program and expenditure plan. This approval brings DPH the opportunity to begin spending funds from the November, 2004 voter-approved Prop 63, now known as the Mental Health Services Act (MHSA), which provides increased funding, personnel and other resources to support mental health programs for children, transition age youth, adults, older adults and families. The first round of approved funding covers the remaining three months of the current fiscal year. DPH has been authorized to expend $1.3 million for CSS programs and administrative costs, plus $1 million in one-time funding for items such as rent subsidies for transitional age youth, community violence and trauma recovery services and equipment to support two Access Team sites.

On March 30th, the Department's Community Behavioral Health Services (CBHS) division held a community forum to receive input from the public on how to use MHSA funds for peer-related services for adults. CBHS is holding an additional forum on April 7, 3-5 p.m. here at 101 Grove St., Room 300, to hear from the community on how to use peer-related funds for Children and Transitional Age Youth.

DPH Response Team

In an effort to provide counseling and assistance to families whose young members become involved in a violent incident, DPH has established a Response Team as a component of the Comprehensive Child Crisis Services. DPH has also obtained a dedicated blackberry for SFPD to notify DPH of woundings/homicides incidents and for SFGH to notify the Response Team when there are fatalities.

Medical Director at Southeast Health Center

Dr. Katz announced that Mark Ghaly, MD, has started as the Medical and Center Director at Southeast Health Center in the Bayview Hunters Point Community. Mark is a pediatrician with expertise in program development and providing care to low-income children. He is one of the founders of the Healing Arts Center in Bayview Hunters Point that serves teens and provides medical care as well as an array of other services and opportunities. The center is a collaboration of community groups, UCSF, and SFDPH. We welcome Mark to the Department and know he will make important contributions to our programs and patients.

Journal Article Published

Christina Goette Carpenter, Ginger Smyly, Iman Nazeeri-Simmons and Ana Validzic published an article in the Fall 2005 issue of the Journal of Community Youth Development describing the Youth Development Policy adopted by the Health Commission in 2004. The article, "Using Policy to Promote Youth Development" describes the background and rationale for the policy. It also provides an overview of the policy components. The article can be viewed on line at: http://www.cydjournal.org/2005Fall/carpenter.html.

Chronicle Editorial Attached

Dr. Katz attached to his report a March 23rd editorial from the *San Francisco Chronicle* that supports Assembly Bill 2560, which would require the state to establish a "Public School Health Center Program" to promote the concept of teen health centers in public schools. The Bill is being considered by the Assembly Health Committee today. Dr. Katz will inform the Commissioners of the outcome of the vote on AB2560 at the next Health Commission meeting.

Commissioners' Comments

- Commissioner Illig requested that the Department's response to the proposal to establish a Community Living Trust Fund be presented at the next Health Commission meeting, either as part of the Director's Report or as an agenda item. Commissioner Illig also requested an update on changes at Southeast Health Center at the next CHN JCC meeting.

4) PUBLIC HEALTH WEEK- 100th ANNIVERSARY OF THE 1906 EARTHQUAKE AND CONSIDERATION OF A RESOLUTION RECOGNIZING PUBLIC HEALTH WEEK

Brian Katcher, Pharm. D., Public Health Pharmacist, CHPP, Community Programs, presented an overview of the DPH website that looks at the 1906 earthquake and fire and draws from it three public health stories, all of which underline the theme of what public health is. The three stories that emerged are care of the injured, sanitation and plague. The presentation included many pictures of the city after the earthquake, including the military hospitals that were set up at Golden Gate Park and camps set up all over town. Sanitation was a major problem, and there was a public health response, including the construction of emergency latrines. Everything was done to prevent a cholera outbreak, and efforts were largely successful. There was, however, a small typhoid outbreak. After the earthquake and fire there was a dramatic increase in the rat population, which led to 160cases of plague in 1907. There was a concerted effort to rid the city of rats, with the involvement of health officials, businesses, labor and ordinary citizens. Garbage ordinances were established and miles of concrete poured.

The lessons learned were that, in each case, the local health authorities were able to promptly assess the nature of the problem, and the policies needed to address them and assure the right outcome required a broad collaboration with all sectors of society.

Commissioners' Comments

- Commissioner Monfredini commented on role of the military in 1906, noting both the Army and Navy were located here and could deploy quickly. This was an excellent report with wonderful pictures and stories.

- Commissioner Guy appreciates the report because it is important to look at our history, and appreciate how the definition of public health has changed. For people who are in the middle of struggles such as disaster preparation, health access, fitness, etc., it is not always easy to see the long-term outcomes. There were a lot of lessons learned from the 1906 earthquake and fire, which resulted in a number of positive changes.

- Commissioner Sanchez reaffirmed the commitment of those who responded to the 1906 emergency. This report highlights many of the interventions and collaborations that happened around the earthquake and fire. Many resources that were in place, such as military bases and VA hospitals, are no longer here. Building a helipad for medical airvac services is critical. He also noted that the report illustrates that San Francisco was and is a city of immigrants. San Francisco has always been about living and sharing and facing challenges together.

- Commissioner Illig said many healthcare institutions are looking back and celebrating their history. He commented on the importance of making decisions based on science instead of fear. It bothers him that public health is getting hijacked by fear—bioterrorism, avian flu terrorism, etc.

- Commissioner Tarver commented on how disaster response varies when underrepresented communities are impacted, specifically Chinatown in 1900 and New Orleans in 2005, as compared with how disaster affected the mainstream in 1906. We always must be mindful that different communities are impacted by disaster differently and the Department should work proactively to prevent this from happening.

Action Taken: The Commission approved Resolution #06-06, "Resolution Honoring Public Health Week, April 3-9, 2006," (Attachment A).

5) DISASTER PREPAREDNESS/HOMELAND SECURITY UPDATE

Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning, Mary Ellen Carroll, Senior Health Planner and Susan Fernyak, M.D., Director, Communicable Disease Prevention and Control, presented an update on the work the Department has done around disaster preparedness and homeland security. Ms. Kronenberg said DPH has made every effort to do planning that is logical and addresses issues San Francisco is likely to face, rather than planning from fear.

DPH is responsible for the medical response of a mass casualty incident, whether the result of human action or a natural event. DPH's responsibilities fall into the following areas: emergency medical services; infectious disease emergency response; environmental hazard identification, assessment and response; community health services; and response to Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) events. Grant funding has allowed the Department to dedicate staffing to disaster preparedness activities and has driven the increase in planning, training and equipment related to disaster preparedness and response. The main sources of funding for these activities are Federal UASI, State Homeland Security, Centers for Disease Control, Cities Readiness Initiative and the HRSA National Bioterrorism Hospital Preparedness Program. DPH has been allocated more than $18 million from 2001 to 2005. Grant funding has allowed the Department to increase its staffing levels over the last two years by approximately 20 personnel funded by Homeland Security/CDC grants.

Ms. Kronenberg's presentation highlighted the three areas where DPH, through the Office of Policy and Planning, is doing its planning. This encompasses the work of Communicable Disease Prevention and Control, Emergency Medical Services and Environmental Health. In addition, she noted that SFGH has an emergency plan and is part of the Hospital Council's planning efforts.

The Department has made great strides in disaster preparedness. Accomplishments include:

- Updated and expanded the Department's Emergency Operations Plan
- Unified and standardized training for the National Incident Management System (NIMS)
- New and improved Department Operations Center with a training program and frequent drills
- EMResource, a new and improved hospital resource tool, and EMTrack, a new and improved electronic patient tracking system
- Protecting Employees through efforts like the Avian/Pandemic Flu Task Force, respiratory protection program and determining potential roles of employees in different disaster scenarios
- Expanding surge capacity and capability
- Environmental Health Emergency Response – on call 24 hours, seven days a week
- Pandemic Influenza and other infectious disease emergency responses, including mass prophylaxis, clinical outreach, lab response, EPI Go kits, disease control and Biowatch/BDS.

This year's focus is to ensure that all of the planning that needs to get done is completed. Funding for all 19 UASI funded planning positions expires in December 2006. The BT/CDC grant has decreased significantly over the past five years, and positions funded through this grant are at risk. The efforts cannot be successful DPH figures out how to sustain the programs. One way to do this is to have more existing Department staff to take on emergency preparedness planning and response roles. Second, Ms. Kronenberg is hopeful that there will be other sources of funding to allow the Department to keep some of the wonderful grant-funded staff.

Ms. Kronenberg said DPH is going to play a large role in any disaster scenario in San Francisco, and the Office of Emergency Services (OES) understands this. Director Conroy has quarterly meeting with heads of Police, Fire, Sheriff and DPH. Ann Stangby, Chief of Disaster Preparedness Division at OES, said up until the past 18 months there was no partnership between the Health Department, the health community and OES, and there is one now. This is really important.

Commissioners' Comments

- Commissioner Guy inquired about role of ABAG, and stressed the importance of transportation systems and regional planning.

- Commissioner Chow asked about the future of Federal funding. Ms. Stangby discussed Super UASI and regional funding versus local allocations that will change how funds are designated. The range of funding may vary and competing interests in the region will lobby for funding.

- Commissioner Sanchez said some grant-funded positions were added when other Health Department activities were being cut. Others positions existed and were moved to grants. The Department should look to other foundations to assist with financial support and co-funding to assure sustainability. This is an excellent report.

- Commissioner Illig noted that 29 positions were added for this effort, in addition to some moved from other jobs in DPH. Ms. Kronenberg said there was a prohibition on using this funding to supplant current staff and activities, which meant that the staff took on new roles. Commissioner Illig said that communication is a critical part of disaster response, and asked how DPH trains workers to report in emergencies. Further, how do we communicate when the phones are down? Ms. Kronenberg said response training would occur. Commissioner Illig expressed concern that if 101 Grove collapses, the Public Health laboratory would be out of commission. Finally, he urged the Department to share the after action reports on the tabletops and other exercises.

- Commissioner Monfredini said in the past the City has dealt with emergencies, such as Jonestown, the 1989 Loma Prieta earthquake and the Dan White verdict, that have tested its ability to respond and has generally done well

- Commissioner Tarver commended the presentation and accomplishments and use of funds, and he had a number of comments. First, there are silos in DPH that are disorganized and it is not clear how employees are reached during an emergency. Are there up to date contact information and lists? Second, not all DPH sites have a clinical database of who is expected to respond in an emergency. Third, how could non civil service staff (contractors) be provided with emergency credentials to prevent charlatans from misrepresenting DPH? Fourth, he emphasized the importance of the helipad. Fifth, he would like the role of the commissioners during an emergency to be clearly defined. Lastly he asked if San Francisco has a plan to deal with pets during a disaster.

- Commissioner Monfredini said that during an emergency, commissioners should stay out of the way unless they are MDs or have specific roles to fill in an emergency.

- Commissioner Chow said local preparedness requires neighborhood plans with tabletop and planned exercises. County support is needed to address unique needs of individual communities.

6) PUBLIC COMMENT/OTHER BUSINESS

None.

7) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 06-06

HONORING PUBLIC HEALTH WEEK, APRIL 3-9, 2006

WHEREAS, the San Francisco Department of Public Health is committed to promoting the health of all San Franciscans; and,

WHEREAS, nationally and locally there persists the threat of natural disasters and disasters resulting from human actions that affect the health and well being of all people everywhere; and,

WHEREAS, the San Francisco Department of Public Health is committed to addressing potential disasters through prevention, preparedness and response; and,

WHEREAS, the first week of April is celebrated as "National Public Health Week" in 21 states including California; and,

WHEREAS, the focus of 2006 San Francisco Public Health Week is "Lessons Learned from the 1906 Earthquake and Fire"; now, therefore, be it

RESOLVED, that the Health Commission recognizes the San Francisco Department of Public Health's work addressing disaster preparedness and response and its commitment to ensuring the safety, health and well-being of all San Franciscans and celebrates those efforts during National Public Health Week, April 3 – 9, 2006.

I hereby certify that the Health Commission at its meeting of April 4, 2006, adopted the foregoing resolution.

Michele M. Seaton
Secretary to the Health Commission

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, April 18, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 4, 2006**
**Minutes of the meeting of April 4, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $95,200, which includes a 12% contingency, for continuation of the "Healthy Penis" syphilis social marketing campaign, for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

Items for Discussion and Approval

(3.2) **CBHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $300,782, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application used by Behavioral Health Services, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary*

(3.3) **CBHS-MIS** – Request for approval of a sole source contract renewal with Echo Group, in the amount of $464,470, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the INSYST software application used by Behavioral Health Services, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **PRESENTATION OF THE FY 2006-2007 CONTINGENCY BUDGET AND CONSIDERATION OF A RESOLUTION**
(Mitchell H. Katz, M.D., Director of Health)
**Contingency Budget and Resolution*

6) **FOR DISCUSSION:** **HEARING TO CONSIDER BROWN AND TOLAND BUSINESS PRACTICES AND THEIR IMPACT ON THE CHINESE COMMUNITY**

7) **PUBLIC COMMENT/OTHER BUSINESS****

8) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy
Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible

station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings
The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance
Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance
The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, April 18, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:00 p.m.

Present: Commissioner Lee Ann Monfredini, President
Commissioner James M. Illig, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner David J. Sanchez, Jr., Ph.D.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

President Monfredini, on behalf of the Health Commission, noted the passing of former Commissioner Arthur Jackson. She and other commissioners were honored to work with him, and he was a wonderful man. A memorial service will be held on April 30, 2:00 p.m., at the War Memorial Green Room.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 4, 2006

Action Taken: The Commission approved the minutes of the April 4, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting.

(3.1) **PHP-STD Prevention & Control** – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $95,200, which includes a 12% contingency, for continuation of the "Healthy Penis" syphilis social marketing campaign, for the period of January 1, 2006 through December 31, 2006.

Commissioners' Comments

- Commissioner Tarver urged Better World Advertising to include more people of color in its focus groups. He requested that the next time the contract comes before the Health Commission, the executive summary include a description of other measures Better World Advertising uses to solicit and incorporate diverse feedback.

(3.2) **CBHS-MIS** – Request for approval of a sole source contract renewal with InfoMC, in the amount of $300,782, which includes a 12% contingency, to provide ongoing system maintenance and application support services for the eCURA software application used by Behavioral Health Services, for the period of July 1, 2006 through June 30, 2007.

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Action Taken: The Commission approved the Consent Calendar of the Budget Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Commissioner Arthur Jackson Dies
The Department of Public Health was saddened by the news that former Health Commissioner Arthur Jackson died at his home last week after a long battle with kidney disease. Commissioner Jackson's commitment to the City & County of San Francisco was evidenced by his lifelong dedication to public service throughout his life. He served as Health Commissioner from 1992-1996 and again from 2001-2002. Many within the Department and a number of Commissioners now serving had the privilege of knowing and working with this extraordinary man who gave so freely of his time and talent to the service of the community. A memorial service is planned for April 30 at 2 p.m. in the Green Room of the War Memorial Veterans Building. Donations may be made in his name to the National Kidney Foundation of Northern California, 131 Steuart Street, Suite 520, San Francisco, CA 94105.

Hundred Year Anniversary of the 1906 Earthquake
1906 earthquake survivors, City officials, media from around the globe and thousands of others gathered this morning at Lotta's Fountain to commemorate the 100 year anniversary of the 'Great Quake'. The '06 earthquake and subsequent fire was the largest natural disaster in United States

history until the catastrophic events last fall in New Orleans and the gulf coast. DPH staff has been involved for months with centennial planning efforts. Tomorrow the City will stage a major eight-hour earthquake drill/exercise. The City's Emergency Operation Center (EOC) and all Departmental Operation Center's (DOC) will be activated to test preparedness and response plans. The DPH DOC will be operational for nine hours, with a change in personnel mid-day to test both the A and B staffing shifts. All the hospitals in San Francisco are voluntarily participating in the exercise.

Tomorrow afternoon, City officials will gather at Fisherman's Wharf to discuss scenarios for three possible major disasters in the city's future: a terrorist attack with a radioactive dirty bomb, the arrival of a mega-epidemic carried by birds, and an earthquake. DPH has three representatives at the seminar.

This week, every employee working for the City and County of San Francisco was issued a Disaster Service Worker (DSW) identification card. The card identifies workers as DSW by a magnetic strip on the back and will be used in the event of an emergency to assign staff to disaster/emergency service activities.

Rally for Day Laborers and Lead Paint Safety
Last week the Department's Childhood Lead Prevention Program, the Day Labor Program and the Mayor's Office of Housing held a rally for Day Laborers to demonstrate how workers can keep themselves and their families safe from exposure to lead hazards and other toxic substances while making home repairs. The rally featured a contractor demonstrating lead-safe working techniques, Day Labor participants distributed visors with lead-safe messages and a number of Day Laborers addressed the occupational plights of their jobs such as low wages, human rights violations and the instability of temporary employment. DPH continues to work closely with a number of agencies to keep all workers and their families safe from lead poisoning.

SFGH Participates in Caesar Chavez Birthday Festival
SFGH sponsored a health care information booth at the Caesar Chavez Birthday Festival and Parade celebration held earlier this month on the grounds of the Horace Mann Elementary School in the Mission. Posters and literature in English and Spanish highlighted personal disaster preparedness and provided updated information on the medical helipad project. Those who attended also received emergency response maps from the SFGH Foundation and self-care health information.

Ana Ghosh and Anna Cornejo, both native Spanish speakers, and Health Educator Amena Panni and Chris Wachsmuth, RN, represented the Department. Dr. Katz noted that the community was very interested in disaster preparedness and the medical helipad project. Most of the feedback about the medical helipad project was positive. Not surprisingly, there continues to be questions about noise, safety and the effects on the neighborhood adjacent to SFGH.

SF Business Times Names O'Connell as Tops in Business Women
The San Francisco Business Times has named Gene Marie O'Connell, our executive administrator of SFGH one of the "Most Influential Women in Business in the Bay Area" for the fourth year in a row. Dr. Katz congratulated Ms. O'Connell on this significant recognition.

3 for Life
Recently DPH's Communicable Disease Prevention Unit (CDPU), in partnership with the Asian Liver Center at Stanford University, completed a pilot project entitled ***3 For Life***, which targeted foreign-born Chinese residents for hepatitis B testing and vaccination. During the course of one year, we screened over 1200 adults, administered more than 3000 shots and trained 120 volunteers.

The project achieved a remarkable 87% completion rate for those eligible for the series of hepatitis shots.

Data collected indicated that 10% of the clients screened are chronically infected with hepatitis B and 40% are immune due to previous infection, leaving 50% vulnerable to infection and in need of immunization. Nearly 54% have health insurance yet only 16% said their doctor had ever suggested hepatitis testing to them (only 25% among those with chronic infection). This one piece of information speaks to the need for education among the city's primary care providers around the importance of screening for hepatitis B status. Currently, the greater San Francisco Bay Area has the highest incidence of liver cancer in California and the country, and chronic hepatitis B infection is one of the top five causes of premature mortality in the San Francisco Asian community. A group from UCSF is about to re-launch the project with expanded services around education and care. Abstracts about the project have been submitted and accepted a multiple national conferences around the country.

California Injury Prevention Network

The California Injury Prevention Network (CIPN), started by the Community Health Education Section under a State grant funded by the Kids' Plates program, is now on line and accepting members. The Network will enable injury prevention professionals throughout California to share resources, to network, and to have blog discussions. In light of the recent cancellation of the annual California Conference on Childhood Injury Control due to budget cuts, CIPN may play an even more important role in disseminating information and encouraging programs to share information. To view the public areas of the site, go to http://www.healthysf.org/cipn/index.html.

Nursing Scholarship Fund Raiser

San Francisco General Hospital Medical Center is sponsoring the Second SFGH Gala Fundraiser event benefiting the **Dorothy Washington Nursing Scholarship Fund** on **Thursday, May 4,** beginning at 6 p.m. at the Ritz-Carlton, 600 Stockton Street. Keynote Speaker is Kamala Harris, District Attorney. Katie Moe, 206-5928 or katherine.moe@sfdph.org is the contact person to purchase tickets. The deadline is Monday, April 24th. Tickets are $175.

Update on School Health Bill

Dr. Katz updated the Commissioners on AB 2560, which would require the state to establish a Public School Health Center Program to promote the concept of teen health centers in public schools. This bill is currently pending in the Assembly Education Committee, after having passed the Assembly Health Committee on April 5 by a vote of 10-2. Staff will continue to follow this important legislation.

Website Hits New Highs

The DPH website continues to be a popular destination. In March 2006,the number of page views of the DPH Internet site surpassed one million to a total of 1,068,391 pages viewed. The average number of page views per day was 34,464 and the average visitor spent 10:46 minutes on the site. It may interest the Commissioners to know that 107,191 visits were made to the web page displaying the current restaurant violations posted by the Bureau of Environment Health, making it the Department's most popular site on the internet. The second most popular site is Genital Warts with STD Basics at third place.

Community Health Network - San Francisco General Hospital, April 2006 Credentials Report

	04/06	07/05 to 04/06
New Appointments	7	139
Reinstatements	0	0
Reappointments	64	385
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	10	112
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	3	50
Voluntary Relinquishments	5	44
Proctorship Completed	7	118
Proctorship Extension	0	6
Current Statistics – as of 04/1/06		
Active Staff	467	
Courtesy Staff	571	
Affiliate Professionals (non-physicians)	196	
TOTAL MEMBERS	1,234	
Applications In Process	32	
Applications Withdrawn Month of April 2006	0	2 (07/05 to 04/06)
SFGH Reappointments in Process May 2006 to Aug. 2006	203	

Dr. Katz added that Governor Schwarzenegger has announced his support for the establishment of a State Public Health Director. This is an initiative that a number of public health advocates in California have been working on, and this announcement is good news.

5) PRESENTATION OF THE FY 2006-2007 CONTINGENCY BUDGET AND CONSIDERATION OF A RESOLUTION

Gregg Sass, DPH Chief Financial Officer, presented the FY 2006-2007 contingency budget. Mr. Sass reminded the Commission that the Health Commission approved and the Department submitted the base budget in February that produced a general fund reduction of $7.3 million. This reduction exceeded the Mayor's base budget instructions to absorb a $7.1 million cut. The Mayor's Office has advised DPH of the need to develop a plan to further reduce its general fund subsidy by 3%. As a result, the contingency budget is being presented to the Commission.

To the extent the Department can met its contingency reductions with revenue increases, the difficult task of expenditure reductions are avoided. In that vein, the primary component of the contingency budget is $6.5 million in additional revenues from higher than budgeted Medi-Cal payments, capitation revenue and Short Doyle Medi-Cal, and resumed payments by the State for SB90/AB3632. Approximately $1.3 million of the increased revenues will be allocated to Laguna Honda Hospital to address deficiencies identified in the recent Department of Health Services licensing survey.

The Department has identified two initiatives to further reduce general fund expenditures while avoiding reductions in services. These reductions total $1.6 million, with a $1.9 million annualized savings. The first initiative is the closure of the Workers Compensation Clinic at SFGH. The second reduction is an equalization of rates that DPH pays for residential substance abuse services. DPH would reduce the contract rate for several providers to 120% of the median rates in effect in FY 2005-2006. The goal is to implement this reduction of payment rates without affecting the number of units of service provided. However, the clinical focus of the affected programs may change. Adjustment of rates on September 1st will save $712,153 for FY 2006-2007.

Public Comment

- Jonathan Vernick, Executive Director of Baker Places, said the rate equalization initiative pays no attention to the public policy goals programs are trying to accomplish and the outcomes programs are achieving. The Health Commission should not continue to send cuts to the Mayor and Board of Supervisors for them to make the decision to restore the programs.

- Mike Richards, Program Director at Acceptance Place, said Acceptance Place provides the only culturally competent services for the population it serves. Maintaining the program is the most cost-beneficial this to do.

- Dr. Allan Furhman, Clinical Director, HAFCI Center for Recovery (CFR), said CFR clients have challenges that other programs cannot deal with but which CFR works to address. Many CFR clients would not be accepted anywhere else. The program saves the Department money.

- Dr. Mardell Gavriel, Walden House, said two programs that serve the most chronically mentally ill people in the system would have to change there focus as a result of the rate equalization initiative. If rates are reduced, the clients would increase their hospitalization rates and emergency room visits.

- Donald Frasier, President of the San Francisco Association of Alcohol and Drug Program Contractors, said the programs that will be affected by the rate equalization initiative are the most unique in the county serving patients with the highest need. It is misleading to use the term equalization when the result would be closed programs.

- Lewis Eldridge, Deputy Director, Haight Ashbury Free Clinics, said clients served by CFR are the most vulnerable in the city. CFR cannot be cut.

- Deborah Camarillo, Executive Director, Latino Commission, spoke on behalf of two programs—Casa Quetzal and Casa Aviva. The rate equalization initiative would mean a cut in these programs. The Latino Commission has the only bi-lingual residential services in San Francisco. More beds are needed, not fewer.

- Sharon Love, Center for Recovery, said CFR taught her that there is a better life, how to take her medications on time, and other important things. The program is really needed.

- Irish Kobelt, Center for Recovery, said drug addiction and dual diagnosis go hand in hand, and CFR deals with both. Programs such as these need to be maintained. Cutting programs that serve addicts would be counterproductive.

- Debbie Lerman, San Francisco Human Services Network, said the reduction initiatives were chosen without any public process and without any discussion about public policy implications. The agencies are never consulted during the process, and are not allowed to help.

Commissioners' Comments

- Commissioner Monfredini asked when the deadline for submitting the contingency budget is, and when the Board of Supervisors would consider the budget. Dr. Katz said the deadline for submitting the contingency budget has passed, and will be considered with the City's budget in June. There is the hope that the contingency cuts will not have to be taken.

- Commissioner Chow asked if CCSF patients needing workers compensation services would be able to go to any provider in the City. Dr. Katz if the Workers Compensation Clinic is closed, he anticipates that the Department of Human Resources would designate a network of providers that people could see. Commissioner Chow asked if some substance abuse providers are disproportionately affected by rate equalization, and are some cut to such extent that they would have to close. Dr. Katz said providers that receive a rate higher than 120% of the median would receive a cut. Those close to the median would make a small cut. Those much higher would have a much greater cut. In addition, there are many factors that go into how different rates have been set. Dr. Katz said staff would provide information about the specific details of the cuts to the Health Commission.

- Commissioner Guy said if the budget cuts were to come to pass, she could support the cut to the Workers Compensation Clinic. She did not support the substance abuse and behavioral health cuts last year, and she does not want to do so now. She also emphasized the need to make decisions together. She asked the Commission to consider not accepting the substance abuse cuts, because we need a break from the dance that has developed around proposing budget cuts.

- Commissioner Sanchez thanked that staff for preparing these options. DPH has unique partners in the non-profit service providers. Each agency serves very different populations. He agrees with Commissioner Guy and does not want to support the cuts to substance abuse because of the impact it would have on the most vulnerable and most diverse population in San Francisco.

- Commissioner Umekubo has been impressed with staff for identifying revenue to help us meet the Mayor's budget instructions. He asked if there was the potential for one-time Medi-Cal settlements, which would further reduce the need for expenditure cuts. Mr. Sass said DPH has been very successful with Medi-Cal settlements, but there are not a lot of opportunities for future settlements. The Department is involved in a class action regarding disproportionate share, but it is difficult to estimate when this will be resolved. Commissioner Umekubo supports removing the expenditure cut to substance abuse.

- Commissioner Tarver asked if the settlement reserves could be reduced further, so that expenditure cuts could be minimized. Mr. Sass said it is not unusual to see audit adjustments in the range of $2 million. So they feel that the settlement reserve amount is appropriate. Commissioner Tarver is concerned that the Workers Compensation Clinic provides culturally competent care and other providers may not. Commissioner Tarver does not want to support arbitrary or politically minded budget cuts. He is also concerned that the Department's clinical leaders are not consulted to the extent they should be about budget cuts. DPH has to develop its budget contingencies well in advance. He supports removing the substance abuse rate equalization initiative so that the Health Commission has more time to analyze it.

- Commissioner Illig is impressed with how well the Department is able to find additional revenues. Commissioner Illig noted that DPH included in its budget a 2% COLA, and defended this to the Mayor's Office. Commissioner Illig is going to propose to his colleagues that no budget cuts come to the Health Commission without having first gone to a joint conference committee. That said, programs should not be arbitrarily cut because of their rates. There are a number of reasons rates vary, and these reasons must be more clearly understood. Commissioner Illig asked if there is a way for additional money coming from audit settlements could be shared with providers. Mr. Sass said that most audit adjustments result in DPH is having money taken away. This is not passed on to contractors.

- Commissioner Chow would like more data about the impact of rate equalization on each of the programs prior to taking it completely off the table. A $21,000 cut to a multi-million program may not be that great of an impact, but another cut to another program might mean closure.

- Commissioner Monfredini said that the contingency budget must be submitted to the Mayor's Office, and it is clear that the contingency budget requires an additional 3% general fund reduction. She believes that the economic condition of the City is greatly improved over last year and that there is a good chance that the contingency budget would not be needed.

- Commissioner Chow is not in favor of leaving it to the Mayor's Office to identify the cuts in order for DPH to meet its contingency budget requirements.

- Commissioner Illig proposes sending over the budget with an $850,000 placeholder in the budget, but will not support any cuts to substance abuse services.

- Commissioner Guy does not support the methodology behind the rate equalization initiative. She would rather close one program and save $712,000 than to have five programs close as a result of the initiative.

- Commissioner Chow asked the Department to look at an across-the-board cut in substance abuse and other programs to see if that is a better way of meeting the savings requirement. Dr. Katz believes the Mayor's Office would honor the Health Commission if the Health Commission offered another budget reduction it thought was more appropriate.

- Commissioner Tarver recommends referring the rate equalization portion of the contingency budget to the CHN JCC, to come back to the Health Commission at its May 2nd meeting.

- Commissioner Chow offered an amendment to the resolution that would allow for the contingency budget to be sent to the Mayor with the direction to the Health Department staff to review the details of the substance abuse reductions to minimize the loss of substance abuse beds.

- Commissioner Sanchez spoke against the amendment, and indeed any cuts to substance abuse services. The agencies that are being cut are the very agencies that stepped forward at DPH's request to serve diverse, vulnerable populations. There can be another way.

- Commissioner Illig spoke against the amendment because the Board of Supervisors has already adopted a policy statement that substance abuse cuts are unacceptable.

Action Taken: The Commission (Chow, Guy, Monfredini, Tarver, Umekubo) amended the resolution to add to the Resolved clause "with the details of the substance abuse reductions to be further reviewed by the Department and the Health Commission to minimize the loss of residential substance abuse beds." (Commissioner Illig and Commissioner Sanchez voted no.)

Action Taken: The Commission approved Resolution #07-06, "Approving the Submission of the Department of Public Health's Contingency Budget for Fiscal Year 2006/07," as amended, (Attachment A). (Commissioner Illig and Commissioner Sanchez voted no.)

6) HEARING TO CONSIDER BROWN AND TOLAND BUSINESS PRACTICES AND THEIR IMPACT ON THE CHINESE COMMUNITY

Commissioner Chow said he has been advised by the City Attorney not to participate in this hearing, and asked his colleagues to entertain a motion to recuse him from the discussions.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver, Umekubo) approved a motion to recuse Commissioner Chow from participating in this hearing.

Dr. Katz provided the Commission with a context for today's hearing. The Mayor, the Board of Supervisors and the City Attorney have spoken out against the aggressive tactics of Brown and Toland in trying to get doctors to sign exclusivity agreements. They have done so because of how harmful these practices are to medical care in San Francisco. Brown and Toland is the largest and most dominant medical physician organization in San Francisco so physicians who hope to maintain viable medical practices often have to be beholden to Brown and Toland. Having a dominant practice is a problem in any city, but it is particularly harmful as Brown and Toland is offering incentives to physicians to be exclusively in its networks. This risks damaging the independent parts of our system, and particularly Chinese Hospital. All San Franciscans stand to lose to the extent that these kinds of practices result in higher prices, fewer choices and one organization determining how people should get medical care. This is an appropriate issue for the Health Commission to consider.

Public Comment

- Brenda Yee, CEO, Chinese Hospital, said Chinese Hospital is the last independent hospital in San Francisco and continues to stand strong in providing quality, culturally competent medical care to more than 27,000 San Franciscans. It provides critical services to the Chinese Community. Without the health system, the quality of life of the monolingual Chinese community would be detrimentally impacted.

- Eric Leung, M.D., said the Chinese Community Health Care Association is committed to serving the safety net population through Medi-Cal, Medicare and the San Francisco Health Plan. CCHCA doctors provide many services to the Asian American services. For the past 10 years Brown and Toland and CCHCA have had a collaborative relationship without the need for exclusivity. The requirement for exclusivity means that Chinese physicians would have to resign from CCHCA. They believe doctors should have the benefit of preferred status without having to resign from CCHCA.

- Dexter Louie, M.D., has been practicing in Chinatown for the past 30 years. He is assistant medical director with the Chinese Community Health Plan. CCPH is very unique. It is community owned by the Chinese Hospital and the goal of the plan is access to culturally competent, culturally sensitive medical care. The plan serves 27,000 members, 7,000 of whom are with the San Francisco Health Plan. The plan is community oriented.

- Joseph Woo, M.D., Chief of Medical Staff at Chinese Hospital and member of CCHCA board, reiterated that Chinese Hospital is community owned, is the only independent hospital in San Francisco and the only Chinese Hospital in the country. He represents 270 medical staff at Chinese Hospital who are committed to serving the Chinese community without having to resign in order to participate in Brown and Toland.

- Stuart Fong, Chinese Hospital Infection Control Coordinator and Risk Manager, talked about Chinese Hospital's role in the Hepatitis B screening program. One in ten Asian Americans has Hepatitis B. Screening is critical because Hepatitis B has no symptoms. Please preserve access to these services.

- Elena Tinloy, Director of Clinical Services at Chinese Hospital, read a statement from Dr. Tina Kwan. Dr. Kwan said CCHCA is the largest non-county medical group providing services to the San Francisco Health Plan, caring for more than 7,000 health plan enrollees. If pediatricians were forced to resign from CCHCA, they would not have a vehicle to deliver care to health plan families. She appreciates the Health Commission's support to ensure that CCHCA physicians could continue to provide services to the Health Plan and other members of the community.

- Angela Sun, Executive Director of the Chinese Community Health Resource Center, said management of health problems in the immigrant community can be stymied by language and cultural barriers. The health resource center, which is funded by Chinese Hospital, CCHP and CCHCA, was established in 1989. Its mission to meet the need of the monolingual population. She urged the Commission to save culturally competent services and access.

Written Testimony submitted for the Record.

- Jean Fraser, CEO, San Francisco Health Plan – My apologies for not being able to stay to testify in person. CCHCA and SFGH have been partners in providing excellent quality of care to low and moderate income San Franciscans since the beginning of SFHP in 1997. CCHCA is our third largest medical group and a critical part of the network. Keeping CCHCS intact is critical to meting SFHP's mission, especially since Brown and Toland has to date refused to contract with SFHP. We urge you to support CCHCA in this effort.

Commissioners' Comments

- Commissioner Monfredini asked if Brown and Toland had a representative at the meeting. Mark Ficker, Chief Financial Officer, Brown and Toland, said Brown and Toland made a commitment not to discuss any of these issues in public, and will not do so today. Brown and Toland is committed to settling this issue. Commissioner Monfredini asked how long Chinese Hospital has been involved with Brown and Toland. Dr. Leung replied at least 10 years. Dr. Leung said at one point there was the offer to merge with Brown and Toland but CCHP wanted to keep its identity.

- Commissioner Illig asked if negotiations are still under way. Ms. Yee said yes. Dr. Leung said that preferred physicians have a number of benefits: sign-on bonus, share of year-end dividends, etc. In order to join the preferred network, doctors are asked to resign from all other medical groups and serve Brown and Toland exclusively. This is what has presented the biggest problem to Chinese Hospital. Commissioner Illig asked if it is possible to join another physician's group. Dr. Leung said that most physicians could not sustain a viable practice without being part of Brown and Toland.

- Commissioner Umekubo asked about the perks associated with preferred membership. Mr. Ficker replied that there is no differential in pay, however there is a different bonus structure. The sign-on bonus is to help doctors to buy equipment for participation in the AMR system. Brown and Toland pays for much of the implementation.

- Commissioner Sanchez said it is an honor to have such distinguished medical providers in the audience. He is pleased that they chose to bring this issue to the Health Commission's attention. What they are going though is exactly what the medical community has been going through for the past number of years. The UCSF/Stanford merger resulted in a two-class system among medical providers, and this was unacceptable. Chinese Hospital has been serving the community for more than 150 years. This institution must continue to maintain its leadership in the community. We need these kinds of dialogues to focus on quality care and culturally competent health care providers. He hopes this is one of the outcomes of these discussions.

- Commissioner Guy appreciates that this issue was brought before the Health Commission, because it will have a huge impact on public health and on San Francisco General Hospital. Regardless of Brown and Toland's intent, exclusivity and a two-tiered system would lead to the elimination of Chinese Hospital. Chinese Hospital was born out of the fact of a stigma against the Chinese community. Chinese Hospital is an integral part of this community and she does not want to lose this resource. She supports the strategy of bringing this issue to the public. She supports agendizing the resolution at the next Health Commission meeting. She supports the principle that it is destructive to promote exclusivity.

- Commissioner Monfredini agrees with Commissioner Guy and supports the resolution. She hopes that the negotiation stays open on both sides. This Commission is committed to keeping Chinese Hospital open as a resource to our community. She urged both sides to come to the negotiating table in good faith.

- Commissioner Umekubo, as an independent practitioner, said there is no question that this exclusivity is detrimental to the Chinese community. For the physician, there is no win to this situation.

- Commissioner Tarver spoke in support of a resolution, to be voted on at the next Health Commission meeting. Continuation of culturally competent services such as those provided by Chinese Hospital is a priority for this community. He said to look at what happens when medical groups monopolize within a community.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 07-06

RESOLUTION APPROVING THE SUBMISSION OF THE DEPARTMENT OF PUBLIC HEALTH'S CONTINGENCY BUDGET FOR FISCAL YEAR 2006/07

WHEREAS, the City and County of San Francisco is facing a $65 million shortfall for fiscal year 2006-207 and the Mayor's Budget Office has instructed Departments to submit a list of contingency reductions equal to 3% of their General Fund; and,

WHEREAS, the consequence of these instructions is that the Department must submit a plan to absorb up to $7.8 million in General Fund; and,

WHEREAS, the Department has developed a plan to reduce the General Fund by an additional $7 million, which includes $191,000 in excess reductions made to the base budget; and,

WHEREAS, the plan has been tentatively approved by the Mayor's Budget Office; and,

WHEREAS, despite the size of the fiscal shortfall, the plan does not requires service reductions and preserves all prevention and promotion activities and all children's programs; now, therefore be it

RESOLVED, that the Health Commission approves submission of the Department of Health's contingency budget for fiscal year 2006-2007 to the Mayor's Office, with the details of the substance abuse reductions to be further reviewed by the Department and the Health Commission to minimize the loss of residential substance abuse beds.

I hereby certify that the Health Commission at its meeting of April 18, 2006, adopted the foregoing resolution.

Michele M. Seaton
Secretary to the Health Commission

Attachment A

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, May 2, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:30 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 18, 2006**
**Minutes of the meeting of April 18, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

05-01-07P03:54 RCVD

Items for Discussion and Approval

(3.1) **CHN-SFGH** – Request for approval of a contract modification with Nurse One Staffing, LLC, to increase the contract amount by $125,000, from $100,000 to $225,000, to provide supplemental, temporary per diem and traveling nursing personnel services under a state of health emergency for San Francisco General Hospital, for the period of December 1, 2005 through June 30, 2006, per San Francisco City and County's Administrative Code, Section 21.15, Emergency Procurement Procedures.
** Contract summary*

(3.2) **PHP-STD Prevention & Control** – Request for approval of a retroactive renewal contract with UCSF-Stonewall/Magnet Project, in the amount of $128,800, which includes a 12% contingency, to provide STD & Syphilis testing and treatment to gay men and other men who have sex with men, for the period of January 1, 2006 through December 31, 2006.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **Central Administration** – Request for approval of the Fiscal Year 2006-2007 Patient Rates Ordinance.
**Memo, Ordinance, Rate Comparison*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION REGARDING BROWN AND TOLAND**
**Resolution*

6) **FOR DISCUSSION:** **3RD QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)
**Report*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION ESTABLISHING A POLICY OF BUDGET PROPOSALS BEING REVIEWED THROUGH THE JOINT CONFERENCE COMMITTEES**
(Commissioner Illig)
**Resolution*

8) **FOR DISCUSSION:** **REPORT ON CHRONIC CONDITIONS OF CALIFORNIANS-SUMMARY OF FINDINGS RELATED TO SAN FRANCISCO**
(Frances Culp, Health Planner, Office of Policy and Planning)
**Report*

9) **PUBLIC COMMENT/OTHER BUSINESS****

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 2, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

The meeting was called to order by Commissioner Illig at 3:10 p.m.

Present:	Commissioner James M. Illig, Vice President Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Lee Ann Monfredini, President

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF APRIL 18, 2006

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Tarver, Umekubo) approved the minutes of the April 18, 2006 with the correction of three typographical errors.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver and Commissioner Chow attended the Budget Committee meeting.

Items for Discussion and Approval

(3.1) **CHN-SFGH** – Request for approval of a contract modification with Nurse One Staffing, LLC, to increase the contract amount by $125,000, from $100,000 to $225,000, to provide supplemental, temporary per diem and traveling nursing personnel services under a state of health emergency for San Francisco General Hospital, for the period of December 1, 2005 through June 30, 2006, per San Francisco City and County's Administrative Code, Section 21.15, Emergency Procurement Procedures.

(3.2) **PHP-STD Prevention & Control** – Request for approval of a retroactive renewal contract with UCSF-Stonewall/Magnet Project, in the amount of $128,800, which includes a 12% contingency, to provide STD & Syphilis testing and treatment to gay men and other men who have sex with men, for the period of January 1, 2006 through December 31, 2006.

(3.3) **Central Administration** – Request for approval of the Fiscal Year 2006-2007 Patient Rates Ordinance.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Tarver, Umekubo) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Department Response to Incident at Ella Hill Hutch

As the Commissioners are aware, a tragic shooting occurred on April 27th at Ella Hill Hutch Community Center in the Western Addition. At the time, several youth in the gym were participating in 'Safe Haven' activities when shooters entered and killed a 22-year-old part-time employee of the center. The DPH/CBHS Crisis Response Team and Westside Critical Incident Response Team (CIRT) responded. Ella Hill Hutch Community Center has been temporarily closed.

DPH, the District Attorney Office and Westside Community Services are assisting family and the community. Agencies, schools, and housing complexes in the nearby vicinity were contacted to let them know that mental health and support services are available. Westside Community Services is providing debriefing services to the Ella Hill Community Center staff. The Ella Hill Hutch Community Center is projected to re-open tomorrow. Charlie Morimoto is coordinating the Department's response to this terrible tragedy.

Contingency Budget Update

On April 24, 2006, the CHN Joint Conference received additional data from the Department on the costs associated with residential substance treatment programs and heard testimony from treatment providers. Although a final resolution has not yet been reached, the Department is committed to developing an alternative methodology for determining rates if the contingency cut is required to balance the City's budget.

Homeless Prenatal Program

Last week the Homeless Prenatal Program (HPP) held an open house at its new headquarters at 2500 18th Street @ Potrero. Mayor Gavin Newsom and other dignitaries were present to inaugurate "HPP's" new home. The Executive Director, Martha Ryan and HPP's staff were host to over 300 guests.

The Homeless Prenatal Program serves homeless families with young children, providing case management, life skills learning, access to medical care, and move-in assistance for families moving into permanent housing. They will be able to offer much more at the new facility in the way of job readiness and health to clients. The Homeless Prenatal Program is one of the DPH's partners in many endeavors, especially in improving the outcomes of pregnant women and their infants. The website, http://www.homelessprenatal.org, provides information about the program and its needs.

Shape Up San Francisco

On April 26th the Mayor hosted a Shape Up Summit and launched his "Shape Up San Francisco" Challenge. The Chronic Disease Prevention Consortium organized the event. The Summit focused on the policy level solutions to address physical inactivity and poor nutrition. The Mayor's remarks set the tone for the City's ongoing work on chronic disease prevention. The Summit was well attended by City Department heads and leaders from the business, non-profit and health care sectors. The Summit was just the beginning of the Mayor's 18-month Shape Up initiative, and laid the groundwork for future chronic disease prevention work in San Francisco. Many thanks to Kaiser Permanente who funded the Summit and to Christina Carpenter, who serves as staff for the Chronic Disease Prevention Consortium.

Immunization Coalition Observes 10-Year Anniversary

Dr. Katz congratulated the San Francisco Immunization Coalition on its 10-Year Anniversary Celebration. In observing its first decade of promoting childhood immunization, the Coalition last night hosted a fund raiser and campaign kick-off at AT&T Park featuring national immunization advocate and Former First Lady Rosalynn Carter. Mrs. Carter, president and co-founder of Every Child By Two, stressed the importance of timely childhood immunizations and urged the adoption of computerized immunization registries. This event also helped to commemorate National Infant Immunization Week and Toddler Immunization Month. A running theme in this year's immunization awareness efforts is the concept of "Community Immunity," also known as herd immunity. The Coalition's goal is to achieve maximum immunization, thereby protecting the vulnerable from becoming sick. The Coalition's next high visibility campaign, focusing on parents and communities with lower immunization rates, features San Francisco Giant's infielder and father of two, Ray Durham. The Coalition's website can be found at www.sfimmunize.org.

Chronic Alcoholism Conference

The Department of Public Health, in collaboration with St. Francis Memorial Hospital, will be sponsoring a day long conference on May 19th entitled, *Chronic Alcoholism: Homelessness, Health and Hope*. The goals of the conference are to establish community-wide recommendations to reduce hospitalizations and improve health practices for chronic alcoholics. Representatives from Federal and State Health Organizations as well as local experts will participate.

Carnival Participation

The Department of Public Health will provide health screenings and health education activities at the Healthy Lifestyle Pavilion for this year's Carnival on May 27th and 28th. The Carnival is one of San Francisco's most revered community events with over 450,000 attendees. This year's theme is *Suenos de la Ninez* (Land of Childhood Dreams). Dora the Explorer will be the Grand Marshall of the Parade.

Dorothy Washington Nursing Scholarship Fund
A reminder that this Thursday, May 4th we will be holding the second SFGH Gala Fundraiser dinner event at the Ritz-Carlton Hotel benefiting the Dorothy Washington Nursing Scholarship Fund. Keynote Speaker is Kamala Harris, District Attorney.

Understanding Racism and Health Disparities
The African American Health Initiative is sponsoring a workshop for DPH mangers and leaders on Friday, June 16th entitled, "Understanding the Impact of Race and Racism on Health Inequities and Health Disparities." We are fortunate to have Melanie Tervalon, MD, who has presented hundreds of thought-provoking workshops across the nation, facilitate the workshop. Dr. Tervalon is one of the leading theorists and practitioners in "cultural humility." Training is being coordinated through the Health Education Training Center. We welcome the Commissioners' interest and attendance at this upcoming event.

Commissioners' Comments

- Commissioner Illig said there was a very interactive discussion at the Joint Conference Committee about the residential substance abuse programs, and he looks forward to future dicussions with staff and contractors.

5) CONSIDERATION OF A RESOLUTION REGARDING BROWN AND TOLAND

Commissioner Chow and Commissioner Sanchez both have been advised by the City Attorney not to participate in this hearing. They asked their colleagues to entertain a motion to recuse them from the discussions.

Action Taken: The Commission (Guy, Illig, Tarver, Umekubo) approved a motion to recuse Commissioner Chow and Commissioner Sanchez from participating in this hearing.

Public Comment

- Dr. Fiona Wilson, Brown and Toland Medical Group (BTMG), has been working collaboratively with the Department of Public Health CHN around chronic disease management and she works with providers on best practices, irregardless of payor class. BTMG's strategy is to acknowledge the work of its most productive physicians through the preferred physician program.

- Dr. Stan Padilla, Chief Medical Officer, BTMG, said BTMG has met with Chinese Community Health Care Association (CCHCA) and Chinese Hospital and the outcome was a letter of intent about physicians participating freely in both organizations. There is no reason to proceed with the resolution if it is based on exclusivity because exclusivity is just not there. The preferred network is an attempt to recognize and fortify the group that is the most active. The offer did not target the Chinatown physicians, but did include them.

- Richard Loos, Chinese Community Health Plan, said the issue of exclusivity has been an issue from the beginning. CCHCA, CCHP and Chinese Hospital's initiative around this is to preserve the mission and the services. The letter of intent was signed, but this only bought time to come to a long-term solution.

- Eric Leung, M.D., President, CCHCA, asked for the Commission's support for the resolution. The letter of intent is only for six months. If there is no agreement, exclusivity will stand and physicians will have to resign.

- Michael Lee said he is a long-term member of CCHCA. Most Chinese seniors would like to continue seeing Chinese physicians because of language and cultural access and sensitivity.

Commissioners' Comment

- Commissioner Umekubo asked BTMG to clarify the exclusivity agreement, and Commissioner Illig asked if exclusivity is part of the current negotiations. Dr. Padilla said BTMG accepts the fact that CCHCA physicians provide services to a unique population. But BTMG wants physicians in both organizations to have equal benefits.

- Commissioner Tarver said BTMG is cherry picking Chinese physicians because only some of CCHCA's physicians were offered the preferred network. Dr. Padilla said the preferred status was only offered to physicians who were already in BTMG and had significant volume and quality parameters. Commissioner Tarver asked if other groups outside of CCHCA are subject to an exclusivity provision. Dr. Padilla said only with respect to HMO and some PPO contracts, not the entire gamut of their practices. Most BTMG physicians are members of other IPAs.

- Commissioner Guy said the Health Commission is not going to solve the debate about whether exclusivity is or is not still an issue, nor is it the appropriate body to do so. The issue for the Health Commission is that if exclusivity is implemented, it will be detrimental to San Francisco and the Chinese community. She supports giving voice to this fact through the resolution.

- Commissioner Illig asked why BTMG does not maintain Medi-Cal contracts. Dr. Padilla said the BTMG model is set up to allow the individual physicians to practice as they think most appropriate, and some BTMG physicians do serve Medi-Cal. Commissioner Illig noted that he had another request for public comment, and he would honor that request.

Public Comment

- Rose Pak, Board of Trustees for Chinese Hospital, said this has been one of the most painful issues the board has faced. They have been meeting with BTMG for six months. She has seen the forms BTMG sent to doctors—you sign with them, you resign from Chinese Hospital. They only picked the most vital groups of doctors where Chinese Hospital is the most vulnerable. Chinese Hospital only has two orthopedic surgeons, for example, and these were targeted. Doctors do not like to be put in the predicament of either serving their community or keeping their BTMG patients.

Commissioners' Comments (continued)

- Commissioner Tarver supports the continuation of Chinese Hospital and opposes any actions that would undermine independent physicians' ability to provide services. He proposed an amendment to the resolution to reflect this.

- Commissioner Umekubo said he was at the San Francisco Medical Society meeting where this issue was discussed. He has heard that exclusivity is not an issue, but there is still skepticism and once this is in writing, on paper, and agreed upon by all parties, people will feel a lot better.

- Commissioner Illig said one of the positive outcomes of this fight is the attention it has brought on the good work of Chinese Hospital and CCHCA, including service to 7,000 members of the San Francisco Health Plan.

Action Taken: The Commission (Guy, Illig, Tarver, Umekubo) approved an amendment to the resolution adding the following: further resolved, that the Health Commission appreciates and respects the historic service that Chinese Hospital, CCHCA and independent community physicians provide to the community, and would oppose any undermining of these health services as they would have a detrimental impact on public health.

Action Taken: The Commission (Guy, Illig, Tarver, Umekubo) approved Resolution 08-06, "Resolution Urging Brown & Toland Medical Group to Allow Non-Exclusive Affiliation for Physicians of Chinese Hospital and its Medical Group the Chinese Community Health Care Association," as amended (Attachment A).

6) 3RD QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 3rd Quarter Financial Report. DPH is projecting a surplus of $21 million, compared to a second quarter projected surplus of $15.8 million, for a net increase of $5.16 million. The additional surplus includes $4.03 million in SB 90 revenue that was not included in the second quarter report and a negative $2.3 million for a prior period adjustment to revenue under the GME program for 2004-05. The following table summarizes projected financial results for the year:

Projected FY 2005-06 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 599,459,000	$ 525,660,000	$ (73,799,000)	$ 599,459,000	$ 517,459,000	$ 82,000,000	$ 8,201,000
SB855 Adjustment	(82,000,000)	-	82,000,000	(82,000,000)	-	(82,000,000)	-
SFGH Adjusted	$ 517,459,000	$ 525,660,000	$ 8,201,000	$ 517,459,000	$ 517,459,000	$ -	$ 8,201,000
Laguna Honda	168,755,000	178,251,000	9,496,000	168,755,000	170,030,000	(1,275,000)	8,221,000
Primary Care	44,282,000	44,007,000	(275,000)	44,282,000	46,042,000	(1,760,000)	(2,035,000)
Health at Home	8,550,000	8,550,000	-	8,550,000	7,942,000	608,000	608,000
Jail Health	23,087,000	23,087,000	-	23,087,000	23,180,000	(93,000)	(93,000)
Public Health	98,261,000	98,261,000	-	98,261,000	98,291,000	(30,000)	(30,000)
Mental Health	195,049,000	199,079,000	4,030,000	195,049,000	193,376,000	1,673,000	5,703,000
Substance Abuse	65,370,000	65,370,000	-	65,370,000	64,936,000	434,000	434,000
TOTAL DPH	$ 1,120,813,000	$ 1,142,265,000	$ 21,452,000	$ 1,120,813,000	$ 1,121,256,000	$ (443,000)	$ 21,009,000

Mr. Sass highlighted revenue and expenditures for each of the divisions. In conclusion, DPH is projected to return a surplus to the City General Fund primarily as a result of increases in Medi-Cal funding resulting from the Medi-Cal Waiver and increases in Medi-Cal per diem rates at Laguna Honda Hospital. In addition, the continued high occupancy rates at SFGH are contributing to increased patient service revenues.

Commissioners' Comments

- Commissioner Umekubo noted that in the past, increased census at SFGH actually cost money, but now the opposite is true. He asked if the if the GME subsides have been cut. Mr. Sass replied that GME, SB 1255 and SB 855 have all been replaced by the Medicaid waiver. The CMS portion has not been cut.

- Commissioner Tarver suggested more frequent financial reports, and that the timing of the presentations be more coordinated vis-à-vis budget proposals, so that commissioners are aware of any additional revenue available to offset cuts. He also said there is an ability, through billing, charging, etc., to further maximize revenues. Mr. Sass said DPH has worked over the years to increase revenue collection. This year, much of the surplus revenue was the result of external efforts and decisions.

- Commissioner Chow asked where the recently approved supplemental appropriation for Laguna Honda fits into this quarterly report. Mr. Sass said the money for Laguna Honda that was included in the contingency budget approved by the Health Commission at the last meeting was for next year's budget. However, they are discovering that costs resulting from the licensing surveys are already impacting the budget this year. Commissioner Chow asked if DPH is using revenues from SFGH to fund Primary Care. Mr. Sass said there was a $1.7 million supplemental appropriation for Primary Care, $700,000 of which was funded by surplus revenue. This surplus revenue was going to be used to offset the overspending in Primary Care, but now is unavailable so they are using other revenues and general fund.

- Commissioner Guy said that DPH is deficit spending in DPH, and this is a significant issue she wants to bring into focus. How will this be addressed? Mr. Sass said DPH has included a structural fix for Primary Care in next year's budget, which addresses about half of the problem. In addition, a variety of initiatives to restructure Primary Care have been submitted to the Mayor. And the Moss Adams report, which will be presented to the Commission at an upcoming meeting, also includes recommendations. Commissioner Guy asked if SFGH's census would be adjusted to reflect that it is continually over census. This has taken a tremendous toll on staff, and there should be some discussion about this at the CHN JCC. The overcensus issue may not be a fad—it may be here to stay.

- Commissioner Illig noted that Medi-Cal rates are not going to be as high in future years as they were this year. He is going to ask the Mayor's Office if DPH could use $3 million of its surplus revenue on one-time activities, for example a community living trust fund. Mr. Sass noted that DPH has submitted its one-time list at the request of the Mayor's Office. This will be part of the budget process. Dr. Katz said Commissioner Illig's approach is a good approach, and it never hurts to ask. He noted that the Board of Supervisors still has not funded the next phase of the SFGH capital work.

7) CONSIDERATION OF A RESOLUTION ESTABLISHING A POLICY OF BUDGET PROPOSALS BEING REVIEWED THROUGH THE JOINT CONFERENCE COMMITTEES

Commissioner Illig is proposing this policy to the Health Commission in an attempt to bring budget discussions to the joint conference committee level. This reflects that the Health Commission established the joint conference committees (JCCs), including the Budget Committee, to provide a forum for more extensive, deliberative and interactive communication between commissioners, DPH staff and the public. It is an important policy statement to say that when the Health Commission is going to consider cuts, it will do so outside of the budget cycle, throughout the year, at the JCCs and consider the pros and cons of the proposals, as well as get public input. He has one change, and that is to change the word "must" to "should."

Commissioners' Comments

- Commissioner Chow thinks the policy is useful and should be included in the Rules of Order as part of the larger context of how the Health Commission reviews the budget in a way that allows for deliberative and open discussion. He asked that the Commission direct the Budget Committee to develop the implementation of the policy through the Rules of Order, and bring a proposal back to the Health Commission.

- Commissioner Guy said her goal is for the Health Commission to take a more anticipatory approach to budget consideration. She sees this being done through the JCC structure.

- Commissioner Sanchez would like to rethink other opportunities for increasing dialogue and public input, for example committees of the whole on topics such as budget surpluses, budget priorities and others. Committees of the whole have been positive protocols to solicit input and develop ideas in conjunction with staff. He hopes that this is part of the discussion.

- Commissioner Umekubo supports the resolution. He would like regular financial reports to be reinstituted at all of the JCCs.

- Commissioner Chow said to date the Budget Committee has had a limited scope, but it has the ability to help shape how the Health Commission looks and fiscal and budget issues, and develop protocols around this. He suggested that the Budget Committee develop a skeleton framework and bring this forward to a Committee of the Whole.

- Commissioner Tarver said there are forums for dialogue within the Department about budget and policy that did not previously exist. The Commission wants to vet proposals before they come to the full Commission, and different proposals would be vetted at different committees.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Tarver, Umekubo) amended the resolution to change "must" to "should, and to add: further resolved, that the Health Commission charges the Budget Committee to return with a protocol for how this policy will be implemented.

Action Taken: The Commission (Chow, Guy, Illig, Sanchez, Tarver, Umekubo) approved Resolution 09-06 "Establishing a Policy of Reviewing Budget Proposals Through the Joint Conference Committees Prior to a Full Hearing at the Health Commission," (Attachment B).

8) REPORT ON CHRONIC CONDITIONS OF CALIFORNIANS-SUMMARY OF FINDINGS RELATED TO SAN FRANCISCO

This report was continued to a future Health Commission meeting.

9) PUBLIC COMMENT/OTHER BUSINESS

None.

10) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 08-06

RESOLUTION URGING BROWN & TOLAND MEDICAL GROUP TO ALLOW NON-EXCLUSIVE AFFILIATION FOR PHYSICIANS OF CHINESE HOSPITAL AND ITS MEDICAL GROUP THE CHINESE COMMUNITY HEALTH CARE ASSOCIATION

WHEREAS, Chinese Hospital has served the community for more than 100 years, is the last independent hospital in San Francisco and provides the highest percentage of care to Medicare and Medi-Cal eligible San Francisco residents of any hospital in the City other than SFGH; and

WHEREAS, providers of the Chinese Community Health Care Association (CCHCA) are a very important part of San Francisco's safety net services providing culturally competent, sensitive and affordable care; and

WHEREAS, Brown & Toland is the City of San Francisco's largest independent practice association (IPA) with more than 1,500 physician members who serve more than 220,000 patients; and,

WHEREAS, Brown & Toland Medical Group (BTMG) is actively attempting to enroll physicians of CCHCA into its IPA; and

WHEREAS, Brown & Toland Medical Group maintains incentives for its preferred physicians network that precludes participation in other IPAs; and

WHEREAS, Brown & Toland Medical Group does not maintain Medi-Cal contracts, or otherwise facilitate care for poor and indigent populations; and

WHEREAS, CCHCA and Chinese Hospital serve over 7,000 low-income residents of San Francisco enrolled in the San Francisco Health Plan through the Medi-Cal, Healthy Families and Healthy Kids & Young Adults programs; and

WHEREAS, it is likely that CCHCA physician members who sign agreements with BTMG will bring their loyal patients with them, thus threatening the economic viability of CCHCA and Chinese Hospital; and

WHEREAS, the San Francisco Board of Supervisor's, the City Attorney and the San Francisco Health Plan, are all on record opposing the BTMG practice of exclusivity, and the California Medical Association has expressed concern about the importance of maintaining health services in the Chinese Community;now, therefore be it,

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 08-06 (continued)

RESOLVED, that the San Francisco Health Commission supports and honors the unique and culturally competent services offered the community through Chinese Hospital and the Chinese Community Health Care Association; and be it,

FURTHER RESOLVED, that the Health Commission believes as a general principle that it is destructive to promote exclusivity agreements with independent practice associations; and be it,

FURTHER RESOLVED, that the Commission is opposed to BTMG targeted solicitation of CCHCA and Chinese Hospital physicians and their incentives for doctors to resign from all other affiliations and sign exclusive agreements with Brown & Toland; and be it

FURTHER RESOLVED, that the Health Commission appreciates and respects the historic service that Chinese Hospital, CCHCA and independent community physicians provide to the community, and would oppose any undermining of these health services as they would have a detrimental impact on public health.

I hereby certify that the Health Commission at its meeting of May 2, 2006, adopted the foregoing resolution.

Michele M. Seaton
Secretary to the Health Commission

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 09-06

ESTABLISHING A POLICY OF REVIEWING BUDGET PROPOSALS THROUGH THE JOINT CONFERENCE COMMITTEES PRIOR TO A FULL HEARING AT THE HEALTH COMMISSION

Whereas the Health Commission is committed to a public process around budget proposals, particularly those that result in program changes and policy shifts; and

Whereas, the Health Commission is the governing and policy-making body for the Department of Public Health; and

Whereas, in this capacity the Health Commission is responsible for reviewing and approving the Department of Public Health's annual budget as well as budget modifications throughout the year; and

Whereas, budget proposals that result in policy changes, as well as program closures, reductions or modifications, must be fully analyzed for their impact on the Department of Public Health's mission, its Strategic Plan, the safety net and the vulnerable populations the Health Department serves; and

Whereas, the Health Commission has established Joint Conference Committees to provide a forum for more extensive, deliberative and interactive communication between Health Commissioners, Department of Public Health staff and the public around issues that will subsequently be calendared before the Health Commission; now, therefore, be it

Resolved, that it is the Health Commission's policy that budget proposals that result in policy changes or program closures, reductions or modifications should be discussed at a Joint Conference Committee prior to being presented to the Health Commission; and be it

Further Resolved, that the Health Commission charges the Budget Committee to return with a protocol for how this policy will be implemented.

I hereby certify that the Health Commission at its meeting of May 2, 2006, adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Secretary to the Health Commission

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Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
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AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.

MAY 15 2006

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Tuesday, May 16, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

05-15-07P03:52 RCVD

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 2, 2006

**Minutes of the meeting of May 2, 2006*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **CHN/SFGH-Health Information Services** – Request for approval of two contract modifications with the following firms: Mediscript Medical Transcription and Pacific Medical Transcription, to increase the total shared contract amount by $115,000, from $551,177 to $666,177, and extend the term by three months, from June 30, 2006 to September 30, 2006, to provide intermittent, as-needed medical transcription services for San Francisco General Hospital.
** Contract summary, Vendor Rates page*

(3.2) **DPH-IS** – Request for approval of a contract renewal with Dataway, in the amount of $592,432, which includes a 12% contingency, to provide information technology support services, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary*

(3.3) **CHP-Disease Control** – Request for approval of a retroactive renewal contract with San Francisco Study Center, in the amount of $592,921, which includes a 12% contingency, to provide fiscal intermediary services, for the period of August 31, 2005 through August 30, 2006.
** Contract summary, Monitoring report summary*

(3.4) **BHS** – Request for approval of a contract modification with ZiaLogic, in the amount of $78,400 for FY 2005/06, with an annual contract amount of $70,000 for 05/06 and a total contract amount of $302,400, which includes a 12% contingency, to provide behavioral health integration consultation services, for the period of June 1, 2004 through June 30, 2007.
** Contract summary, Annual report*

Items for Discussion and Approval

(3.5) **CHN-SFGH** – Request for approval of a contract renewal with Richmond Area Multi-Services, Inc., in the amount of $8,524,624, with an annual contract amount of $2,131,156, for a total contract amount of $9,547,579, including a 12% contingency, to provide culturally competent partial hospitalization and aftercare treatment services, targeting the community's mentally impaired population, for the period of July 1, 2006 through June 30, 2010.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **CHN-SFGH** – Request for approval of a contract renewal with National Medical Health Card, in the amount of $250,000, to provide third-party administrator services, and $2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting CHN indigent clients, and a 12% contingency of $306,000, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report*

(3.7) **CHN-SFGH** – Request for approval of a contract renewal with the Regents of the University of California, in the amount of $1,176,000, which includes a 12% contingency, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2006 through June 30, 2009.
** Contract summary, Patient satisfaction survey, Monitoring report*

(3.8) **CHN-Jail Health Services** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,476,478, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2006 through June 30, 2007.
**Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **DPH** – Request for approval of a resolution authorizing the Department of Public Health, San Francisco General Hospital Medical Center to accept a gift of funds in the amount of $146,041, in support of the Mammography Van Program, which provides mammography services to indigent and under-served women in San Francisco.
** Memo to Board of Supervisors, Resolution*

(3.10) **DPH** – Request for approval of a resolution authorizing the Department of Public Health to accept a monetary gift of $25,000 from Cellestis, Inc. to increase TB screening capacity at the Public Health Laboratory.
** Memo to Board of Supervisors, Resolution*

4) FOR DISCUSSION: DIRECTOR'S REPORT
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) PRESENTATION OF THE ANNUAL EMS AWARDS
**List of Awardees*

6) FOR DISCUSSION: REPORT ON CHRONIC CONDITIONS OF CALIFORNIANS-SUMMARY OF FINDINGS RELATED TO SAN FRANCISCO
(Frances Culp, Health Planner, Office of Policy and Planning)
**Report*

7) FOR ACTION: CONSIDERATION OF A RESOLUTION REGARDING HRSA/CARE ACT TRANSITIONAL HOUSING POLICY
(Margot Antonetty, Director of Programs, Housing and Urban Health)
**Resolution*

8) PUBLIC COMMENT/OTHER BUSINESS**

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing

Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
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MINUTES

HEALTH COMMISSION MEETING

Tuesday, May 16, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

106

1) CALL TO ORDER

President Monfredini called the meeting to order at 3:15 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner James M. Illig, Vice President Commissioner Edward A. Chow, M.D. Commissioner Roma P. Guy, M.S.W. Commissioner Donald E. Tarver, II, M.D.
Absent:	Commissioner David J. Sanchez, Jr., Ph.D. Commissioner John I. Umekubo, M.D.

President Monfredini announced that the Health Commission would hold a community meeting in September at the Plaza, located at 6th and Howard Streets. Details of this meeting will be forthcoming.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 2, 2006

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver) approved the minutes of the May 2, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Tarver attended the Budget Committee meeting. Commissioner Sanchez was absent.

Items for Approval

(3.1) **CHN/SFGH-Health Information Services** – Request for approval of two contract modifications with the following firms: Mediscript Medical Transcription and Pacific Medical Transcription, to increase the total shared contract amount by $115,000, from $551,177 to $666,177, and extend the term by three months, from June 30, 2006 to September 30, 2006, to provide intermittent, as-needed medical transcription services for San Francisco General Hospital.

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Items for Discussion and Approval

(3.4) **BHS** – Request for approval of a contract modification with ZiaLogic, in the amount of $78,400 for FY 2005/06, with an annual contract amount of $70,000 for 05/06 and a total contract amount of $302,400, which includes a 12% contingency, to provide behavioral health integration consultation services, for the period of June 1, 2004 through June 30, 2007.

Commissioners' Comments

- Commissioner Tarver is eager to see the timeline for the 12-step program of implementation, and asked for an update at a future CHN JCC meeting. Dr. Gleghorn said last two years have focused on educating providers about the new paradigm, and the initial project with Zialogic focused on education around what it means to provide co-occurring services. Now the effort is moving into an implementation phase. Commissioner Tarver noted that many front line providers work part-time and need to be included in trainings and other education efforts.

- Commissioner Chow noted that it is incorrect to assume that because a contractor does not provide direct services, it does not need to be culturally competent and comply with the Health Department's requirements.

(3.5) **CHN-SFGH** – Request for approval of a contract renewal with Richmond Area Multi-Services, Inc., in the amount of $8,524,624, with an annual contract amount of $2,131,156, for a total contract amount of $9,547,579, including a 12% contingency, to provide culturally competent partial hospitalization and aftercare treatment services, targeting the community's mentally impaired population, for the period of July 1, 2006 through June 30, 2010.

(3.6) **CHN-SFGH** – Request for approval of a contract renewal with National Medical Health Card, in the amount of $250,000, to provide third-party administrator services, and $2,300,000 in pass-through prescription dispensing fees to Rite Aid Corporation and AG Pharmacy, targeting

CHN indigent clients, and a 12% contingency of $306,000, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Tarver said many patients are part of both CHN and CBHS and each system has different rules for which pharmacies they can go to. He asked if there is an opportunity to select a community vendor that has more overlap with CBHS. Commissioner Tarver also noted that the formularies for primary care and CBHS are different. Dr. Kotabe said the two divisions work closely together to try to get the formularies as similar as possible. Ms. Kotabe said that Rite Aid was the only chain that was willing to work with the Department for this program. A year into the program they sent out letters of interest to all pharmacies in San Francisco. Major chains did not come forward.

- Commissioner Chow said it is hard to imagine that people in Chinatown, who must go to the Rite Aid on Market Street, would be highly satisfied with the service. He encouraged Dr. Kotabe to continue the efforts to expand the 340B program to allow clients to go to more than one pharmacy. He asked Dr. Kotabe to pursue conversations with the public health clinics about possibly generating interest among community pharmacies to participate in the programs.

(3.7) **CHN-SFGH** – Request for approval of a contract renewal with the Regents of the University of California, in the amount of $1,176,000, which includes a 12% contingency, to provide orthotics and prosthetics for medically indigent adult clients of the Community Health Network, for the period of July 1, 2006 through June 30, 2009.

(3.8) **CHN-Jail Health Services** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,476,478, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2006 through June 30, 2007.

Secretary's Note – This item was continued to the next Health Commission meeting.

(3.9) **DPH** – Request for approval of a resolution authorizing the Department of Public Health, San Francisco General Hospital Medical Center to accept a gift of funds in the amount of $146,041, in support of the Mammography Van Program, which provides mammography services to indigent and under-served women in San Francisco.

(3.10) **DPH** – Request for approval of a resolution authorizing the Department of Public Health to accept a monetary gift of $25,000 from Cellestis, Inc. to increase TB screening capacity at the Public Health Laboratory.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Monfredini said that the gift from Avon is wonderful. DPH needs to commit additional personnel and funds for the mammography van and the Avon Comprehensive Breast Center.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Nurse Week

Nurse Week was a great success throughout the Department. Nearly 325 staff and guests gathered at the Ritz Carlton for the Dorothy Washington Nursing Scholarship fundraiser. Since the creation of the scholarship fund three years ago, more that $37,000 has been awarded to San Francisco General Hospital staff enrolled in baccalaureate and graduate level education.

Last week, guest lecturer Susan Hohenhause, from Duke University's Office of Patient Safety and Quality, spoke to the staff about "A Practical Approach to Patient Safety," followed by a reception and awards program in the SFGH cafeteria attended by 350 staff. Dr. William Schecter received the *Friends of Nursing Award*; Karen Boyle, RN received the *Daisy Award*; Terry Dentoni and Debbie Tam received the *O'Connell Society Award*; and the *Mildred Crear Award* was given to Margaret Moran, PHN and Yan Oi Wong, PHN.

At Laguna Honda Hospital, the nursing staff selected the theme, "Making A Difference in the Lives of Our Residents," to illustrate their dedication to those who make the hospital their home. LHH honored its nursing staff with receptions on all three shifts and a *Best Practice Award* was presented at each reception to the Unit O7 interdisciplinary team and nursing staff. In addition, Lynda Johnson, City College of San Francisco Nursing Program Instructor, gave a lecture for nursing staff focused on the Making A Difference theme. The events were well attended by the LHH nursing staff.

West Nile Virus

The West Nile Virus (WNV) season is fast approaching. On May 9th, the Communicable Disease Control & Prevention Unit distributed the 2006 "West Nile Virus Health Update" to all San Francisco clinicians. The Health Update provides information about WNV recognition, testing, reporting, procedures, surveillance activities and information resources for San Francisco. The Update and additional West Nile Virus information can be found at www.sfcdcp.org.

DPH will be working once again this year with the PUC, Recreation & Parks, Public Works and the Department of Environment in eliminating areas where mosquitoes breed and alerting the public about how to prevent West Nile Virus. Last year, WNV infected 935 Californians and claimed the lives of 19. There were no locally acquired cases of WNV in San Francisco. DPH hopes to continue this tradition during the upcoming WNV season.

Balboa Teen Health Center 20th Anniversary

The Balboa Teen Health Center is celebrating 20 years of service to San Francisco's adolescents on May 18th, with a reception, silent auction and program beginning at 5 p.m. at Balboa High School, 1000 Cayuga Avenue. The theme of the celebration is "Lighting the Way to Healthy Futures."

The Center has become increasingly committed to advocating for school-based health services on both a citywide and a statewide level. Working with the School Health Center's Association and with funding from the Kellogg Foundation, nine state associations and community partners have committed to a five-year project aimed at sustaining and expanding school-based health care.

Balboa Teen Health Center is the only comprehensive school-based health center in San Francisco and was the first of its kind to open in northern California in 1986. The center provides routine medical care, mental health and substance abuse counseling, and health education services to all Balboa High School students at no cost to the student or family. Clients are 95% youth of color, 22% are English language learners and 61% qualify for free or reduced lunches. Last year, 70% of Balboa's student body visited the center for services.

Dr. Katz hopes the Commissioners will be able to join representatives from the Department of Public Health, the Unified School District, Bayview Hunter's Point Foundation, San Francisco Public Health Foundation and many supporters from the community for this wonderful event.

Juvenile Justice Pilot Project

The Department used the occasion of *Mental Health Awareness* day on May 8th to focus attention on a new mental health program for youth and their families who have become involved the juvenile justice system. Called the "Multisystemic Therapy (MST) Pilot Project," the program is an intensive, home-based mental health treatment program that seeks to keep juvenile justice youth with their families. The first group of youth has successfully graduated from this new partnership that the Department manages with the Juvenile Probation Department. A press conference highlighted the success of the program and featured a family who participated in the program.

Network of Care.org Launch

The Mental Health Association of San Francisco co-sponsored a kick off event today with staff from Community Behavioral Health services for the new www.networkofcare.org website. This latest addition to the growing number of web-based resources is an interactive, single information place where individuals, professionals and anyone concerned about mental health can go to easily access a wide range of information about mental health. The website features a special San Francisco resource directory and is designed to be accessible to everyone, regardless of literacy level, disability or language.

Community Health Network, San Francisco General Hospital Credentials Report, May 2006

	05/06	07/05 to 05/06
New Appointments	13	146
Reinstatements	0	0
Reappointments	31	449
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	10	122
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	3	553
Voluntary Relinquishments	2	49
Proctorship Completed	10	125
Proctorship Extension	0	6

Current Statistics – as of 05/1/06	
Active Staff	464
Courtesy Staff	568
Affiliate Professionals (non-physicians)	198
TOTAL MEMBERS	1,230

Applications In Process	42	
Applications Withdrawn Month of May 2006	0	2 (07/05 to 05/06)
SFGH Reappointments in Process June 2006 to Sept 2006	239	

Commissioners' Comments

- Commissioner Illig asked how the Balboa Teen Clinic is funded. Dr. Katz said it is funded by DPH, though not exclusively. The clinic bills Medi-Cal to the extent that patients are eligible. This is the only school-based clinic in San Francisco that provides comprehensive services.

- Commissioner Chow noted that 70 percent of the school population has visited the clinic. Commissioner Chow asked where the conversation should take place about establishing similar clinics at other school sites. Dr. Katz said the Commission has adopted a policy to establish more school-based clinics. The challenge is funding, since they would largely be funded through the general fund.

- Commissioner Guy said that the Health Commission supports wellness centers at school sites, rather than full-fledged clinics. There was testimony at the Richmond Health Commission meeting about the lack of school-based services in the Richmond and as a follow up to that it was discovered that Washington High School made the decision to close its center. Other schools are seeking wellness centers. The PHP JCC continues to discuss this issue.

- Commissioner Illig said that St. Mary's discontinued its medical van that went to the Catholic high schools because they found that medical services could not be provided without parental consent.

- Commissioner Chow wants to continue to pursue how to best serve the youth of the Richmond.

5) PRESENTATION OF THE ANNUAL EMS AWARDS

Commissioner Chow presented the Annual EMS Awards.

EMS Field Provider Award:	Mary Roan, EMT-1, AMR
Dispatcher Award:	Marla Dukes, ECD
Hospital Provider:	Peter Emblad, M.D., Kaiser, Presidio F.D.
Community Member:	Megan Corry, EMT-P, Community College
Ray Lim Excellence In EMS Award:	James Green, San Francisco Fire Department, EMT-P

6) REPORT ON CHRONIC CONDITIONS OF CALIFORNIANS-SUMMARY OF FINDINGS RELATED TO SAN FRANCISCO

Frances Culp, Health Planner, Office of Policy and Planning, presented the findings of a report on the chronic conditions of Californians, as these findings relate to San Francisco. The report was done by the UCLA Center for Health Policy Research and was titled *Chronic Conditions of Californians—Findings from the 2003 California Health Interview Survey.* The report focuses on chronic diseases that respond well to medical treatment and management, allowing localities to understand the burden of specific medical conditions, including heart disease (HD), hypertension, asthma and diabetes, in their area to inform planning for proper interventions. In addition, the report reviews a variety of characteristics of the individuals with chronic conditions, including race/ethnicity, low-income and Medi-Cal participation.

This summary highlights data presented in the report for San Francisco and how local findings relate to the state average. In 2003 in California,

- 1,763,000 adults reported a diagnosis of HD, with 42,000 of these individuals in San Francisco;
- 6,012,000 adults reported hypertension, with 144,000 in San Francisco;
- 1,678,000 adults reported diabetes, with 42,000 in San Francisco;
- 3,020,446 adults reported asthma, with 69,000 in San Francisco; and
- 1,326,000 children under 18 reported asthma, with 16,000 in San Francisco.

Ms. Culp presented data on race, ethnicity and socioeconomic status for each disease.

In general, San Francisco fares better than the State average for residents reporting chronic conditions and access difficulties. A smaller percentage of San Franciscans describe their health as fair or poor—17.2% in San Francisco compared to 20.5% statewide. Of concern, however, are data related to the races and ethnicities in San Francisco reporting chronic conditions more frequently than the State average. This includes 50% of African American adults diagnosed with hypertension, 16% of Latino adults diagnosed with asthma and 10% of Asians reporting a diagnosis of diabetes.

DPH has a number of initiatives that aim to alleviate the burden caused by chronic conditions on a local level:

- SFGH's 100,000 Lives Campaign; one of the three interventions is to deliver reliable evidence-based care to prevent deaths from heart attacks;
- Partnering with CBOs to encourage physical activities;
- Statewide collaboration to improve diabetes care;
- Chronic Care Learning Collaborative, which included the Ocean Park Clinic, improved care for patients with diabetes by adopting a chronic care model to keep patients healthier and more engaged in managing their disease;
- Mobile Eye Van; and
- Asthma Task Force and Pediatric Asthma Clinic

Commissioners' Comments

- Commissioner Monfredini said that the Health Department has invested in prevention and chronic disease management and hopefully the next survey results reflect these efforts.

Commissioner Monfredini asked if early diagnosis could prevent a condition from becoming chronic. Commissioner Chow said that various manifestations of a disease like diabetes could be prevented. And lifestyle is a key component a managing chronic diseases. Commissioner Tarver said prevention could offset a person having a diagnosis or chronic disease progression.

- Commissioner Illig asked if the California State Interview Survey (CHIS) included HIV in its survey. Ms. Culp said that she is almost certain that the survey included HIV, but it was not part of UCLA's report that highlighted a few of the diseases. DPH and the State consider HIV a chronic disease.

- Commissioner Chow confirmed that the survey is all adults, except for the asthma data, and self-reported. He noted that the report shows that in San Francisco, 10.2% of Asian Americans have diabetes. Commissioner Chow is curious that CHIS data shows that San Francisco has less chronic disease than the State in general. It is hard to believe that San Franciscans are healthier, given the city's aging population. Dr. Katz said that San Francisco has a much better public and private health care system than other counties. In addition, although San Francisco has pockets of extreme poverty, San Franciscan's median socioeconomic status is quite high, and socio-economic status is related to health outcomes. In addition, San Francisco has a different ethnic composition. Any or all of these factors could contribute to San Francisco's lower level of chronic disease.

- Commissioner Guy said that if we were to use these highlights to guide our investments, one key area is asthma. Also, DPH has models in place, for example the chronic care initiative at Ocean Park. We need to dissect the impacts of this model and apply to other clinics or to other diseases. It is also important to look at environmental impacts on chronic diseases. With regard to hypertension, there are a lot of best practices for managing this disease. A lot of our primary prevention could be targeted toward hypertension. The report is a good beginning, and there is a lot more prevention work that could be done.

- Commissioner Chow said diabetes is becoming a growing problem in the Chinese community, not just in the United States but also in China. Data from Hawaii shows that 12% of Japanese have diabetes. The issue of diabetes in the Asian community is important.

- Commissioner Tarver noted that there are limitations to any survey. DPH should have statistics about depression and psychosis in its BIS system. He would like to see the top diagnoses in the CBHS clinics, what is changing and how we should target our resources. African American health disparities continue to be despairing in their persistence, and Commissioner Tarver asked what the Department is doing to target this declining population. What health resources are in place in the Western Addition, Bayview Hunters Point, South of Market, and what are the best practices for serving this population? Ms. Culp will follow up on what data is available.

Secretary's Note - Commissioner Illig recognized the participants in the Mental Health Association's "Training for Advocacy, Skills, Connections" program. As part of the training, individuals attended the Health Commission meeting to observe the Health Commission.

7) CONSIDERATION OF A RESOLUTION REGARDING HRSA/CARE ACT TRANSITIONAL HOUSING POLICY

Margot Antonetty, Director of Programs, Housing and Urban Health, presented a resolution opposing Health Resources and Services Administration's (HRSA) CARE Act transitional housing policy. On March 29th HRSA issued a notices stating that eligibility for short-term and emergency housing assistance using Ryan White CARE Act funds would be limited to 24 months beginning in March 2007. Many CARE Act clients served in transitional housing in San Francisco would be chronically homeless without these services, and their health status would quickly deteriorate resulting in increased health care costs as emergency room visits and hospitalizations increase. This policy would severely impact DPH's ability to transition clients into permanent housing, and would eliminate the City's flexibility to extend eligibility for transitions housing in cases or severe need.

Ms. Antonetty said that the Department is asking HRSA to develop a length of stay policy that gives EMAs flexibility based on the population being served and system capacity.

Commissioners' Comments

- Commissioner Guy asked what the average length of stay is for San Francisco CARE Act transitional clients. Ms. Antonetty said there are people in rental subsidies for many years. Ms. Antonetty said that when the system was created, people in transitional housing left because they needed a higher level of care or they died. Now people are living longer but still need supportive housing. Commissioner Guy asked what the consequences would be if the policy is imposed. Ms. Antonetty said that 400-500 people are on CARE funded subsidy. DPH only places 40 people per year on all programs, which indicates that more than 400 people have been on their subsidy for longer than two years. To force people out of subsidies is bad policy.

- Commissioner Tarver said HRSA's policy would adversely impact the people who already have subsidies. SSI provides too little money to afford living situations. That said, things have changed and San Francisco should be creative and reform itself before the federal government reforms for us. In addition, with such a large waiting list, perhaps there should be more movement into and out of transitional housing. Employment training, educational opportunities and other programs should be beefed up to help people move off of subsidies and be further rehabilitated. Ms. Antonnetty said that Catholic Charities has a pilot program that incorporates a focus on returning to work.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Tarver) approved Resolution 10-06, "Opposing the Health Resources and Services Administration Policy that Restricts Transitional Housing Funded Under the Ryan White CARE Act to 24 Months," (Attachment A).

8) PUBLIC COMMENT/OTHER BUSINESS

- Laura Lucia Leale, Alliance for Lupus Research, (taken before the Director's Report), said the organization, founded by Robert Wood Johnson IV, has the mission to find a cure for lupus. They are based in New York but will be having a major grass roots event in San Francisco in November—The Walk for a Cure for Lupus. They are sponsoring a series of free events leading up to the walk. They are largest private funder of lupus research. They have committed $35 million to lupus research and are committed to advocacy to put this on the national radar screen.

- Michael Wise, Southeast Mission Geriatric Services, said approximately one third of their clients are Spanish speaking and they do not have enough Spanish-speaking staff. They also need a working computer to access client information from the Department's system.

- C.W. Johnson said he has just been diagnosed with Type II diabetes. He is finding that only some places take Medi-Cal. There are only three or four places people with Medi-Cal can go for medications. He would like to see Medi-Cal reform to increase access.

9) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 10-06

OPPOSITION TO HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) POLICY THAT RESTRICTS TRANSITIONAL HOUSING FUNDED UNDER THE RYAN WHITE CARE ACT TO 24 MONTHS

WHEREAS, despite San Francisco's system of care having built a strong record of reducing both AIDS deaths and new AIDS cases, San Francisco still has the highest per capita prevalence of people living with AIDS and the third highest number of total AIDS cases in the country; and

WHEREAS, over one-third of people with HIV/AIDS in San Francisco earn below the poverty level and 40 percent are uninsured; and

WHEREAS, San Francisco has the highest rate of homelessness in the country and faces a severe shortage of affordable housing; and

WHEREAS, the three counties that make up the San Francisco Eligible Metropolitan Area (EMA) under Title I of the Ryan White CARE Act – San Mateo, San Francisco and Marin – are the second, third and fourth least affordable counties in terms of housing in the entire country, leaving 30 percent of CARE Act clients in the San Francisco EMA either homeless or living in sub-standard or unstable housing, including shelters, and causing the percentage of persons homeless at the time of AIDS diagnosis to increase from 3 percent to 18 percent since 1992; and

WHEREAS, the Housing and Urban Health Division (HUH), which coordinates programs and funding streams to respond to the complex housing needs of CARE Act clients with multiple barriers to care, currently has a waiting list of over 2,000 eligible people with HIV/AIDS requesting housing in San Francisco; and

WHEREAS, the challenges associated with getting people into care, keeping them in care and maintaining combination therapy are enormous without adequate, stable housing and many of the CARE Act clients served in transitional housing would be chronically homeless without these services; and

WHEREAS, the Health Resources and Services Administration recently proposed that transitional housing for San Franciscans living with HIV/AIDS funded under Title I of the Ryan White CARE Act be limited to 24 months, without the possibility of extensions in cases of severe need; and

WHEREAS, such restrictions contradict recommendations from consultants, hired by HRSA to review housing policies in the San Francisco EMA, that policies regarding length of stay allow flexibility based on target population, treatment regimen, and agency, program and system capacity while recognizing extreme circumstances and external factors that play a role in an agency's ability to transition clients to permanent housing; and

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 10-06 (continued)

WHEREAS, HRSA initially agreed that lack of stable, affordable housing must be taken into account when implementing a length of stay policy and suggested that extensions be available under special circumstances; and

WHEREAS, the Department of Public Health has already requested technical assistance from HRSA's HIV/AIDS Bureau to help the EMA fully assess the impact of a change in HRSA's length of stay policy, maximize existing resources to ensure access to affordable housing for CARE Act clients and minimize harm to those whose transitional benefits expire; now, therefore, be it

RESOLVED, that the Health Commission opposes HRSA's proposal that transitional housing for San Franciscans living with HIV/AIDS funded under Title I of the Ryan White CARE Act be limited to 24 months, without the possibility of extensions; and, be it

FURTHER RESOLVED, that the Health Commission urges HRSA to follow the recommendation of the consultants it hired to review housing policies in the San Francisco EMA by developing a length of stay policy that gives EMAs flexibility based on the population being served and system capacity; and, be it

FURTHER RESOLVED, that the Health Commission urges HRSA to grant the Department's request for technical assistance to help effectively implement any new policy in order to ensure a smooth transition.

I hereby certify that the Health Commission at its meeting of May 16, 2006, adopted the foregoing resolution.

Michele M. Seaton

Michele M. Seaton
Secretary to the Health Commission

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

RESCHEDULE NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The San Francisco Health Commission meeting scheduled for Tuesday, June 6, 2006 has been rescheduled to Tuesday, June 13, 2006, 3:00 p.m.

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An agenda will follow.

For information please call the Commission Office at 554-2666.

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(Posted May 18, 2006)

HEALTH COMMISSION

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CHANGE OF LOCATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The San Francisco Health Commission meeting scheduled for Tuesday, June 20, 2006, 3:00 p.m. will be held at Laguna Honda Hospital, Gerald Simon Auditorium, 375 Laguna Honda Boulevard, San Francisco, 94116

Please note that the Budget Committee of the Health Commission will meet at 101 Grove Street at 1:30 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

(Posted May 18, 2006)

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

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Tuesday, June 13, 2006*
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

***PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM JUNE 6, 2006**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 16, 2006**
**Minutes of the meeting of May 16, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **CHN-SFGH** – Request for approval of a contract renewal with Saint Francis Memorial Hospital, in the amount of $240,000, to provide outpatient tertiary radiation oncology care services targeting medically indigent adults, In-Home Supportive Services workers and San Francisco County Jail patients, for the period of July 1, 2006 through June 30, 2007.
** Contract summary*

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Catholic Health Care West–St. Mary's HIV Care Program, in the amount of $152,510, which includes a 12% contingency, to provide primary care and supportive services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through June 30, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.3) **BHS** – Request for approval of a contract renewal with Golden Bear Associates, in the amount of $81,782, which includes a 12% contingency, to provide technical assistance to the Child, Youth and Family System of Care, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary*

(3.4) **BHS** – Request for approval of a renewal contract with RTZ Associates, Inc., in the amount of $226,800, which includes a 12% contingency, with an annual contract amount of $135,000, to provide a discharge planning and a housing system, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summary*

(3.5) **BHS** – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $97,660, in the support of the project entitled "HOPE – Reaching the Hardest to Serve: SSI for Chronically Homeless and Mentally Ill People in San Francisco", for its third year period of May 1, 2006 through April 30, 2007, which includes a sub-contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $62,458 for the same time period.
** Grant summary, Budget pages, Grant information form*

(3.6) **BHS** – Request for approval of a contract renewal with the Fred Finch Youth Center, in the amount of $142,654 per year for a total amount of $718,976, which includes a 12% contingency, to provide Therapeutic Behavioral Services for adolescent, for the period of July 1, 2006 through December 31, 2010.
** Contract summary, Monitoring report summary, Client demographic information form*

Items for Discussion and Approval

(3.7) **CHN-SFGH** – Request for approval of a contract renewal with the Regents of the University of California, in the amount of $1,700,000, to provide tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary*

(3.8) **SFGH-Health Information Services** – Request for approval of a contract renewal with Deliverex, Inc., in the amount of $790,000, to provide medical records storage, retrieval and delivery services for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summaries, Response letter*

(3.9) **BHS** – Request for approval of a retroactive renewal contract with Progress Foundation, in the amount of $8,682,902 per year, for a total contract amount of $9,724,850, which includes a 12% contingency, to provide residential mental health services, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summaries, Client demographic information forms*

(3.10) **BHS** – Request for approval of a contract renewal with Central City Hospitality House, in the amount of $1,145,088, which includes a 12% contingency, with an annual contract amount of $681,600, to provide mental health socialization and wellness services, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summary, Report on Performance Objectives and Measurements, Client demographic information form*

(3.11) **BHS** – Request for approval of a new contract with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $2,493,579 per year, with an annual contract amount of $1,484,273, which includes a 12% contingency, to provide fiscal intermediary services, for the period of July 1, 2006 through December 31, 2007.
** Contract summary*

(3.12) **CHN-Jail Health Services** – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,476,478, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.13) **CHS-PAES Dental** – Request for approval of a renewal contract with AmeriChoice, in the amount of $1,284,186, which includes a 12% contingency, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2006 through June 30, 2009.
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **JAIL HEALTH UPDATE**
(Joe Goldenson, M.D., Director, Jail Health Services)
**Report*

6) **FOR DISCUSSION:** **MOSS ADAMS REPORT ON PRIMARY CARE**
(Gregg Sass, Chief Financial Officer)
**Report*

7) PUBLIC COMMENT/OTHER BUSINESS**

8) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

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The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Minutes of the Health Commission Meeting

Tuesday, June 13, 2006
at 3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

1) CALL TO ORDER

President Monfredini called the meeting to order at 3:15 p.m.

Present:

- Commissioner Lee Ann Monfredini, President
- Commissioner James M. Illig, Vice President
- Commissioner Edward A. Chow, M.D.
- Commissioner David J. Sanchez, Jr., Ph.D.
- Commissioner Donald E. Tarver, II, M.D.

Absent:

- Commissioner Roma P. Guy, M.S.W.
- Commissioner John I. Umekubo, M.D.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF MAY 16, 2006

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the May 16, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting.

Items for Approval

(3.1) CHN-SFGH – Request for approval of a contract renewal with Saint Francis Memorial Hospital, in the amount of $240,000, to provide outpatient tertiary radiation oncology care services targeting medically indigent adults, In-Home Supportive Services workers and San Francisco County Jail patients, for the period of July 1, 2006 through June 30, 2007.

(3.2) AIDS OFFICE-HIV Health Services – Request for approval of a retroactive renewal contract with Catholic Health Care West–St. Mary's HIV Care Program, in the amount of $152,510, which includes a 12% contingency, to provide primary care and supportive

services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through June 30, 2006.

Secretary's Note – Commissioner Illig abstained from voting on this item.

(3.3) BHS – Request for approval of a contract renewal with Golden Bear Associates, in the amount of $81,782, which includes a 12% contingency, to provide technical assistance to the Child, Youth and Family System of Care, for the period of July 1, 2006 through June 30, 2007.

(3.4) BHS – Request for approval of a renewal contract with RTZ Associates, Inc., in the amount of $226,800, which includes a 12% contingency, with an annual contract amount of $135,000, to provide a discharge planning and a housing system, for the period of July 1, 2006 through December 31, 2007.

(3.5) BHS – Request for approval to accept and expend a grant from the Social Security Administration, in the amount of $97,660, in the support of the project entitled "HOPE – Reaching the Hardest to Serve: SSI for Chronically Homeless and Mentally Ill People in San Francisco", for its third year period of May 1, 2006 through April 30, 2007, which includes a sub-contract with the San Francisco Bar Association's Homeless Advocacy Project, in the amount of $62,458 for the same time period.

(3.6) BHS – Request for approval of a contract renewal with the Fred Finch Youth Center, in the amount of $142,654 per year for a total amount of $718,976, which includes a 12% contingency, to provide Therapeutic Behavioral Services for adolescent, for the period of July 1, 2006 through December 31, 2010.

Items for Discussion and Approval

(3.7) CHN-SFGH – Request for approval of a contract renewal with the Regents of the University of California, in the amount of $1,700,000, to provide tertiary care services targeting medically indigent adults, In-Home Supportive Service workers and San Francisco County Jail patients, for the period of July 1, 2006 through June 30, 2007.

(3.8) SFGH-Health Information Services – Request for approval of a contract renewal with Deliverex, Inc., in the amount of $790,000, to provide medical records storage, retrieval and delivery services for San Francisco General Hospital's Health Information Services, Medical Staff Services and Radiology Departments, for the period of July 1, 2006 through June 30, 2007.

(3.9) BHS – Request for approval of a retroactive renewal contract with Progress Foundation, in the amount of $8,682,902 per year, for a total contract amount of $9,724,850, which includes a 12% contingency, to provide residential mental health services, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Tarver asked if the documents were correct in saying that Steve Fields

is Board President. Mr. Fields said that he is president of the corporation, which is separate from the Board. He is not a voting member of the Board of Directors. The Board has its own officers.

- Commissioner Chow commended the agency on meeting its broad spectrum of outcome objectives.

(3.10) BHS – Request for approval of a contract renewal with Central City Hospitality House, in the amount of $1,145,088, which includes a 12% contingency, with an annual contract amount of $681,600, to provide mental health socialization and wellness services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Chow asked if the agency has been able to meet all the contract objectives. Jackie Jenks, Executive Director, said that the agency did a good job meeting its objectives from January to March, and continues to do so. They tried to ramp up as quickly as possible. She has no reservations about the goals that are put forward in next year's contract. Ms. Jenks thanked the Health Department for its support, and she looks forward to a continued partnership.

(3.11) BHS – Request for approval of a new contract with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $2,493,579 per year, with an annual contract amount of $1,484,273, which includes a 12% contingency, to provide fiscal intermediary services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Chow asked how many checks would be written. Ms. Antonetty said 708 checks a year would be written. Mr. Louie nets approximately $14,000.

(3.12) CHN-Jail Health Services – Request for approval of a contract renewal with Haight Ashbury Free Clinics, in the amount of $3,476,478, which includes a 12% contingency, to provide psychiatric and substance abuse treatment services targeting inmates in the San Francisco County Jail system, for the period of July 1, 2006 through June 30, 2007. Mr. Goldenson said he is strongly supportive of the contract and the services that haight ashbury has provided in the jail. However, he is very concerned about hafc financial situation. The financial uncertainty has impacted staff morale and resulted in some staff leaving.

Mr. Sass, DPH CFO, said that Haight Ashbury has had a difficult year. They have embarked upon a turnaround plan, and certainly DPH would like to see the agency survive. Mr. Sass meets with the agency regularly to monitor finances. Mr. Sass said the Jail Health contract is the largest contract Haight Ashbury has with DPH. It is in both parties' interest to see the Jail Health contract continue, with the understanding that should things not work out for Haight Ashbury, DPH has Plan B that would enable jail health services be transitioned.

Commissioners' Comments

- Commissioner Chow said the Health Commission received a letter in May saying that

Haight Ashbury contracts were underfunded, and he asked if the agency feels comfortable that the it can carry out the duties of the Jail Health Services contract. John Eckstrom, Chief Executive Officer of Haight Ashbury Free Clinics, said carrying out the duties of the contract is something they can accomplish. The point of his letter was that contracts have not been adequately structures and therefore their true costs were not being covered. Most of the reasons for this are historical in nature, and the agency has been addressing these issues through the turnaround. He has been working closely with Gregg Sass. They are about one year into a two-year turnaround.

- Commissioner Sanchez said the alert that was issued in May brought to the forefront some historical issues that DPH has been working with Haight Ashbury on. His concern is that the agency is able to carry out the commitment in the contract.
- Commissioner Tarver commended the turnaround effort. He hopes the staff sees the Commission's action today as reassurance to hang in there.

(3.13) CHS-PAES Dental – Request for approval of a renewal contract with AmeriChoice, in the amount of $1,284,186, which includes a 12% contingency, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2006 through June 30, 2009.

Commissioners' Comments

- Commissioner Chow asked what AmeriChoice's administrative fee is. Maria Martinez said it is 12 percent of the contract. Commissioner Chow noted that this contractor is receiving almost twice as much as the other contract that was approved for check writing. Perhaps the Department should look for other opportunities to find local companies that do this for less money. Commissioner Chow does not want to lock into a three-year contract without looking at alternatives.
- Commissioner Sanchez asked if the unit cost has changed since the last contract, and also if there is a possibility of getting a local firm to do this. Perhaps we should look at a one-year contract. Mr. Sass said that DPH would collect additional information from AmeriChoice to justify the administrative fee, but AmeriChoice provides much more than check writing services.
- Commissioner Chow asked staff to come back at the next Health Commission meeting to ensure that the Health Department is getting fair value for this contract when compared to agencies that do similar fiscal intermediary functions.

Secretary's Note – this item was continued to the June 20th Health Commission meeting.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Illig asked why Haight Ashbury Free Clinics received a COLA while other contracts for next year do not include the COLA. Mr. Sass said that this contract is the only contract administered by Jail Health Services, which had the funding to provide the COLA. CBHS administers many more contracts and communicating with each agency and setting the level of the COLA is much more complicated.

Action Taken: The Commission (Chow, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar, with the exception of Item 3.13, which was continued to the June 20th Health Commission meeting. Commissioner Illig abstained from voting on Item 3.2.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Civil Grand Jury Report on Emergency/Disaster Medical Preparedness in San Francisco

The 2005-06 Civil Grand Jury issued a report on disaster medical preparedness May 26th containing a number of thoughtful findings and recommendations. While some deficiencies are noted, overall the report highlights the City's progress toward preparedness goals since the 2002-03 Grand Jury Report. Prior to the release of the Grand Jury's report on May 23rd the Mayor issued Executive Directive 06-03, Emergency Medical Disaster Planning. This directive reinforces DPH's role in emergency preparedness and outlines the Mayor's priorities for emergency medical coordination, planning and reporting.

As reported to the Commission April 4th the DPH Office of Policy and Planning assumed responsibility for the overall coordination of Homeland Security and Emergency Response planning in 2005. The Office of Emergency Services is responsible for coordinating emergency preparedness and response for the entire City. DPH works closely with OES in coordinating medical disaster planning, grant expenditures, training and exercises. Dr. Katz will continue to keep the Commission apprised of DPH's activities and progress toward meeting its goals.

Assembly Passes San Francisco Long-Term Care Waiver

Earlier this year, the Department worked with Assembly Member Mark Leno to introduce AB 2968, which would require the State Department of Health Services to seek a Medi-Cal waiver to increase community-based care options for San Franciscans with chronic or disabling health conditions who would otherwise be homeless, living in shelters or institutionalized.

According to a review of residents conducted by the Laguna Honda Office of Social Services in September 2005, approximately one quarter (over 250 residents) could instead be cared for in a community-based setting. However, Medi-Cal reimbursement policies favor care in inpatient institutional settings. As a result, alternatives to institutional care for homeless, low-income Medical beneficiaries with chronic or disabling health conditions are limited, and this population often must remain in costly inpatient settings longer than medically necessary.

The waiver initiated by AB 2968 would change Medi-Cal's reimbursement rate structure to increase support for community-based alternatives to institutional care in San Francisco. I am happy to report that the full Assembly passed the bill by a vote of 76-1 on May 30, 2006. AB 2968 will next move to the Senate Rules Committee for consideration.

Ryan White CARE Act Reauthorization

After a slow start, the Congressional committees with jurisdiction over the Ryan White CARE Act have intensified their efforts to pass a reauthorization bill, S.2823, this year.

Although the basic four-title structure of the CARE Act is preserved, the changes proposed will significantly reduce CARE Act funding for San Francisco over the next five years. According to our Congressional delegation, Republican opposition to the "hold harmless" protection, which limits a jurisdiction's funding losses each year, was intense. San Francisco benefits significantly from this protection, which the bill would eliminate over three years. We are continuing to advocate for a fourth year of protection. However, it is clear that the "hold harmless," which represents about one quarter of San Francisco's Title I award (approximately $7 million), will be eliminated at some point during the five year reauthorization period.

Another issue of concern is a proposal to require that 75 percent of the total CARE Act award to a Title I or state grantee be used for specified core medical services that are defined in the bill. Several key HIV services, including non-medical case management, transitional housing, inpatient substance abuse treatment, food and transportation to medical care facilities, are not yet included on this list. These services are critically important to people living with HIV/AIDS in San Francisco.

On a more positive note, Congress has agreed to move away from formula funding based on 10-year estimates of living AIDS cases--which undercounts AIDS cases in California by approximately 30%--to an actual living AIDS case count, thereby increasing CARE funding for the State and offsetting some of the City's "hold harmless" losses.

In addition, a proposed shift from CARE formula funding based on AIDS case counts to funding based on combined HIV and AIDS case counts had been a concern for California and other states that have not yet fully implemented names-based HIV reporting (the CDC refuses to accept HIV case counts based on non-names reporting systems). S.2823 includes a proxy for actual HIV cases for these states. The proxy will count 0.9 HIV cases for each diagnosed case of AIDS. The Department will continue to work with our allies in Congress to advocate for positions that benefit San Francisco as this process moves forward.

Mayor Newsom Submits FY 2006-07 to the Board of Supervisors
The Mayor submitted his budget to the Board of Supervisors June 1st. The Mayor made only minor changes to the budget the Health Commission passed in April. The modifications include the elimination of co-pays for pharmaceuticals and while the Mayor conceptually supports equalization of residential substance abuse rates, he does not support them as a budget measure. The elimination of the Worker's Compensation Clinic is still in the budget. Capital project funding includes 11.9 million for the rebuild of SFGH. The Board of Supervisors will hold two budget hearings, the first is scheduled for June 22nd, the second a week later on June 29th.

New Disclosure Initiative for HIV Prevention
The HIV Prevention Section of the AIDS Office is embarking on an important addition to our citywide prevention efforts called the "Disclosure Initiative." An important new direction for prevention in San Francisco, the initiative aims to begin changing community norms around the discussion of HIV status and normalize/destigmatize the sharing of HIV status between people before, during and after they are having sex. With more people disclosing HIV status and thus negotiating sexual or drug use behavior that supports the health and sexual health-related needs of both partners, we believe that we will continue our success at reducing the incidence of new infections.

As part of this new initiative, there will be educational and promotional materials, a new marketing campaign, a new website (hivdisclosure.com), trainings for service providers throughout the City, and staff on-call to offer interested community members counseling and referrals to appropriate disclosure assistance services. All programs in Prevention's network of services are contracted (and being trained) to deliver disclosure assistance services to HIV-, HIV+ and people of unknown HIV status.

The "Disclosure Initiative" was kicked off June 8th with a community forum about disclosure and the empowerment of the community around the negotiation of sexual activity based on 'asking and telling' of HIV status with sex and needle sharing partners. This first event is specifically targeting gay men but the initiative as a whole is inclusive of people from all behavioral risk groups. Speakers at the community forum will include counseling staff as well as community members. The forum will be an opportunity for our prevention partners and community members to address issues around personal responsibility and disclosure in hopes of normalizing our discussion of HIV status and the ways we negotiate sex.

Issue Concerning HIV Testing Clarified
There was some confusion regarding DPH's HIV counseling and testing protocols reported in the Chronicle two weeks ago. Essentially, the Medical Executive Committee, on Dr. Katz's recommendation, rewrote their procedure for HIV counseling and testing so that a specific form was not required in order to perform HIV testing in the context of medical treatment. The previously required

form, when incorrectly filled out, resulted in the laboratory throwing away the blood specimen and the test not being performed. Consistent with State of California law, physicians must still obtain informed consent from patients prior to HIV testing, must place written documentation in the medical record that informed consent was obtained, and must perform pretest counseling. Some of the newspaper articles suggested that we had eliminated the need for pretest counseling. This was not accurate.
It is true that some public health and advocacy groups are calling for the "normalization of HIV testing," in other words, making HIV testing more similar to testing for other diseases. Without entering this debate, I would say that "normalization of HIV testing" would require a very different process then what we had done in eliminating a bureaucratic form as well as a change in State law. Supervisor Ma introduced legislation recommending that we maintain informed consent and pretest counseling for HIV. This is DPH's current policy and what is required by State law.

Electronic Death Registry System
Beginning June 1st, the Office of Vital Records began implementing the new Electronic Death Registry System (EDRS). EDRS is the state's web-based system, which was designed to allow easy certification by physicians of the causes of death as they appear on a death certificate. Under the new system, physicians will remotely certify the cause of death using either fax or voice attestation. Remote attestation replaces the hand written signature of a physician on the death certificate. The new system is simple, convenient, and will provide us with more accurate and timely cause of death information. The Office of Vital Records held a training session with funeral home directors and staff to acquaint them with the new system.

Katrina Health Fair
Last month a Hurricane Katrina Survivor Resource Fair was held at the State Building, and drew a dozen different agencies offering services to nearly 50 survivors of Hurricane Katrina. DPH provided free blood pressure screenings and consultations for accessing primary care, mental health and substance abuse treatment. Many thanks to David Nakanishi, James Eskridge, NP; Linda Bosley Thomas, PHN and Bernice Casey for volunteering to help at this important outreach event.

Project Homeless Connect
Project Homeless Connect XI was held June 9th at Bill Graham Auditorium serving 2, 358 homeless people and drawing over 2,100 volunteers. Homeless individuals began lining up for services the day before to ensure they had the first chance at housing, clothing, food and medical care. New services are added at each PHC, Friday's addition was the give away of 2,000 pairs of new shoes donated by Deloitte & Touche. A record number of 117 housing and shelter slots were allocated on Friday, 192 replacement identification card from the state Department of Motor Vehicles and 28 repairs to wheelchairs. During the event, staff and volunteers picked up clients from five sites in the Bayview and bused them to Bill Graham. PHC is looking to expand its outreach to all neighborhoods in the City. We continue to have many staff that give generously of their time and talents to this worthwhile program.

Smoke Free Bus Stops
Alyonik Hrushow from the Tobacco Free Project joined Supervisor Fiona Ma and staff other city agencies in late May to welcome a new law aimed at protecting San Francisco bus and transit riders from second-hand smoke. The new "Smoke-Free Bus Stops" ordinance prohibits smoking at all city bus, train and cable car stops and shelters. The ordinance was authored by Supervisor Ma and signed into law by Mayor Newsom on April 20. Many people exposed to second hand smoke suffer immediate symptoms including breathing problems, eye irritation, headaches, nausea and life-threatening asthma attacks. We welcome the protection this new law brings to the public.

Best Practices in Cultural Competence
A grant from the California Endowment funded the Department of Public Health's five part training

series on Best Practices on Cultural Competence. This final event featured four programs recognized as Best Practices in Cultural Competence and 11 honorable mention programs for their efforts to advance cultural competence in the Department of Public Health. The awardees and presenters were:

- Newcomers Health Program for Staff Development & Service Intervention
  (Patricia Erwin, MPH)
- SFGH Ethnic/Minority Psychiatric Inpatient Programs for Service Intervention
  (Francis Lu, MD)
- A Dialogue on Differences-Silenced Voices: A Series of Monologues for Training and Communications
  (Jenjii Perault, N. Bruce Williams, Victor Damian & Janet King)
- Community Response Network for Community Collaboration & Linkages
  (Collaborative: Sal Nunez, PhD, Roban San Miguel, LCSW & John Torres and Staff)
  Honorable Mention Programs:
- The IMD Alternatives Program (CBHS)
- Many Men, Many Voices (3MV), Black Coalition on AIDS (HUH)
- Chinatown North Beach Mental Health Services (CBHS)
- Richmond Area Multi-Services (CBHS and HUH)
- Black History Hair Care Seminar -Collaborative Program Activity Therapy and Nursing Beauticians (LHH)
- Filipino-American Counseling and Treatment Team (CBHS)
- Instituto Familiar de la Raza (CBHS & HIV/AIDS)
- Asian Focus Units Ward C4 & G4 (LLH)
- Community Behavioral Health Services/ Cultural Competence Plan (CBHS)
- Pediatric Asthma Clinic (SFGH)
- Videoconference Medical Interpretation Project (SFGH)

Naomi Gray Leadership Award
Jimmy Loyce was honored Sunday at the annual Black Coalition on AIDS "Freedom" Brunch as this years recipient of the Naomi Gray Leadership Award. Naomi Gray is a former member of the Health Commission and is a current resident at Laguna Honda Hospital. Ms. Gray herself presented the award, which recognizes leadership in addressing the health related needs of the Black community. The award is presented to an individual who has demonstrated a lifetime commitment to improving health in Blacks through public or community service. Dr. Katz congratulated Jimmy for winning this prestigious award.

Shape Up San Francisco
Last month, Mayor Newsom hosted the Mayor' Challenge: Shape Up San Francisco Summit urging city employees, elected officials and business leaders to collaborate to address the public health epidemic of obesity caused by physical inactivity. During this conference, he challenged all city staff members to do their part, whether it is walking at lunch, or just taking the stairs instead of the elevator. A group of SF city employees decided to take it seriously by swimming, biking and running the talk: they took on the Escape from Alcatraz Triathlon. The Mayor's Shape-Up Challenge Team included DPH Senior Health Program Planner Christina Carpenter, SFPUC Regulatory Specialist Lori Schectel and SF Department of Human Resources Finance and Information Systems Director Jamie Austin. They placed 20th out of 47 relay teams in the grueling Escape from Alcatraz Triathlon. Christina swam 1.5 miles in cold choppy water from Alcatraz to Marina Green, Lori rode her bike 18-miles through the hills of San Francisco and Jamie ran 8-miles including the 400-step sand ladder at Baker Beach. Their finishing time for the race was 3:04:50.

Community Health Network, San Francisco General Hospital Credentials Report, June 2006

	06/06	07/05 to 06/06
New Appointments	16	159
Reinstatements	0	0
Reappointments	49	480
Delinquencies	0	0
Reappointment Denials	0	0
Resigned/Retired	20	132
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	0
Changes in Privileges		
Additions	5	556
Voluntary Relinquishments	3	52
Proctorship Completed	3	135
Proctorship Extension	0	6
Current Statistics – as of 06/1/06		
Active Staff	463	
Courtesy Staff	572	
Affiliate Professionals (non-physicians)	198	
TOTAL MEMBERS	1,233	
Applications In Process	39	
Applications Withdrawn Month of June 2006	0	2 (07/05 to 06/06)
SFGH Reappointments in Process July 2006 to Oct. 2006	217	

Commissioners' Comments

- Commissioner Monfredini congratulated Dr. Katz and the Department on the defeat of Proposition D. She thanked Commissioner Illig and John Kanaley for their tireless work after hours as well.
- Commissioner Chow said his confusion around HIV testing reported in the newspaper was that pretesting counseling was not required. He appreciates Dr. Katz clarification. He also asked if it has always been true that treating physicians can obtain verbal consent from patients, rather than having to get written consent. Dr. Katz said that this has always been the law. Commissioner Chow asked if this is true at the clinics as well. Dr. Katz said it a doctor is a treating physician, oral consent is what is required. If a patient is only going for an HIV test, written consent is required. There is a separate State law with a separate protocol for pregnant women.

- Commissioner Illig asked if AB 2968 is the same bill that was addressed in the HMA report. Dr. Katz said yes. Commissioner Illig asked what this would pay for that is not included in the current waiver. Dr. Katz said it would do a few things that the current waivers do not. One limitation of the existing waiver is that it is $115 per day and cannot be used for anyone in independent living, cannot be used for rent and excludes IHSS. So the current waiver is not very effective. The new waiver sets a higher amount as the fiscally neutral level, and would fund people in assisted living. Commissioner Illig asked when the AIDS Office would be able to update the Commission on its Call to Action. Mr. Loyce said they are almost ready to present this, and will come to the CHN JCC in the next few months.
- Commissioner Chow thanked the Department for its work around best practices in cultural competency. He is hoping that one outcome of this training would be more detailed descriptions by program managers of agencies' cultural competency when each of the contracts is renewed. With regard to the Grand Jury Report, much of the emphasis was on the need for a helipad. Commissioner Chow said the Health Commission has consistently supported a helipad, and asked the status. Dr. Katz said the EIR is in the Planning Department, they are estimating that the Planning Department would be issuing the EIR in the next few months.
- Commissioner Monfredini said the delay with the helipad has been that the issue is stuck in the Planning Department.

5) JAIL HEALTH UPDATE

Joe Goldenson, M.D., Director, Jail Health Services, presented an update on Jail Health Services, with the focus on transitioning Jail Health clients back into the community upon discharge.

Jo Robinson, director of Psychiatric Services, discussed mental health services for jail clients. They recognize that continuity of care with community providers is very important to this clientele so when they know that the client has a case manager or provider in the community, they invite that person into the jail when the client is in custody. Jail Psychiatric Services makes several successful mental health places, to places such as acute diversion units, dual diagnosis residential, outpatient placements, assertive case management placements, Behavioral Health Court and many other placements.

A few years ago Jail Health Services lost two discharge planners. As a result they have had to change the way they do discharge services. They used to do a lot of hands-on and hand holding work with clients, taking them to appointments, taking them to placements, etc. Now they are able to provide information about the programs and how clients can access these programs. Discharge planners begin to work with sentenced inmates 30 days prior to their release.

Patients needing medical follow up are advised if they have a pending appointment at SFGH or are instructed how to see a neighborhood clinic. If needed, they are given a medication prescription. Jail Health provides a two-week supply of psychiatric medication.

Kate Monaco Klein presented the Center Of Excellence Discharge Planning, a program of the Forensic AIDS Project (FAP). The goal of Discharge Planning is to successfully transition clients from jail into community, rather than to create a parallel system of care between jail and community. Discharge planning begins with the first encounter in the jails between the FAP case manager and the client. When leaving the jails, a client receives a medical care appointment with a primary care provider, a post-release case management appointment, a GA/SSI appointment, a substance abuse treatment referral, as necessary, ADAP recertification or enrollment and a letter of diagnosis and most recent test results. The primary care provider receives a current list of medications, copies of medical records, lab results and a direct communication from a FAP clinician or an RN. Ms. Monaco Klein said it is the intensity of the relationship between the Center of Excellence team members and the HIV positive clients that solidified

the relationship of the clients with the HIV/AIDS community.

Dr. Goldenson presented the new initiatives. Through a grant Housing and Urban Health received from the Department of Justice, 15 transitional units will be available for people leaving jail or prison. DPH's proposed medical respite beds will be available for people with significant medical problems. Jail Health has started a discharge clinic to attempt to address the problem of people who leave jail with medical appointments but do not show up for these appointments. A nurse who works at a primary care clinic will be at the discharge clinic 1-2 mornings a week to establish a personal relationship with the clients. And lastly, improved linkages with the VA hospital. The VA opened a clinic at 5th and Mission and is very interested in working with Jail Health around inmates who are veterans.

Commissioners' Comments

- Commissioner Monfredini asked if the population served has changed much from last year. Dr. Goldenson said overall it has been much the same, although there was a slight increase in the number of women served. Commissioner Monfredini asked about increased efforts to improve medication compliance upon release. Ms. Robinson said the jail is required to give two-weeks worth of medication, but people must be willing to take the medication. Commissioner Monfredini asked if the 15 transitional units that will be available through HUH are beds. Ms. Robinson said they are rooms, not beds.
- Commissioner Tarver said the average entry into outpatient psychiatric services is often two months. How is the gap bridged when people only have two-weeks worth of medication? Are there any policies around prescription refills? Ms. Robinson said clients receive the actual medications, not a prescription. With regard to appointments, Ms. Robinson said they are using CBHS's open access of care, and they have not had any problems getting the initial appointment for clients. It is true that it takes a long time to get a second appointment. Commissioner Tarver said that capacity limitations result in an inefficient system. It would be an improvement to set a policy to have behavioral health appointments booked before release. Ms. Robinson said they have found that open access works better for this population, at least for the first appointment, until they establish a relationship with a provider. She will follow up with Commissioner Tarver.
- Commissioner Illig noted that there is no data in the report about the age of the jail population. Dr. Goldenson said most of the patients are younger than 40 years old. It is not necessarily a healthy population, given the level of substance abuse, but the long-term impacts of lifestyle choices have not fully developed. Commissioner Illig asked how to improve clients' connections with Primary Care. Dr. Goldenson said that a few years ago, they had a program with Primary Care where discharged clients had priority appointments. This program ended as a result of the large number of people who failed to keep their appointments. He is hoping to rectify this problem through the discharge clinic. Commissioner Illig asked if the database of DPH beds that will be developed by RTZ would be accessible by Jail Health Services. Ms. Gray said the database will include every bed in the Department of Public Health, and Jail Health will have access to the beds that are controlled by the database.
- Commissioner Chow asked if it is still true that people do not keep appointments at Primary Care Clinics. Dr. Goldenson said they make appointments for mental health patients and AIDS patients but, until the discharge clinic is up and running, do not make appointments for primary care visits. Commissioner Chow is concerned with people who have chronic diseases and an ongoing need for medication. Dr. Goldenson agrees that appointments are the way to go, but case managers are crucial to making the transition—to meet the person upon release and take them to the clinic. If the budget continues to look good over the next few years, they would like to get some case managers back to work with people with serious medical problems. Dr. Katz said that it is fortunate that within this population the incidence of disease besides HIV or mental illness is fairly small. The Urgent Care Clinic is one resource. Dr. Goldenson added that almost all of their

clients on insulin have a regular primary care provider. Commissioner Chow is concerned that we give very good care in the jail, yet only provide information about how to receive care in the community post-discharge. The process needs to provide a level of confidence that continuity of care will exist. Dr. Katz said they will pursue this issue further, and he feels that the Urgent Care Clinic is a good resource.

- Commissioner Sanchez thanked that staff for the report. He was especially interested in the discharge clinic and the fact that the VA is coming off of the hill and into the community, and being part of this new model. Different schools of public health are looking at violence and the forensic population, and could be a source of interns.

6) MOSS ADAMS REPORT ON PRIMARY CARE

Gregg Sass, Chief Financial Officer, presented the findings from the Moss Adams Report on Primary Care Clinic revenue maximization. This review was conducted, at the request of the Board of Supervisors, by Moss Adams LLP under contract to the Controller's Office as part of the City Services Auditor Charter mandate. The study analyzed potential improvements in the health clinics' billing procedures with the intent to identify revenue maximization opportunities that do not add extreme cost to the City General Fund. The study focused on the following six clinics: Castro Mission Health Center, Maxine Hall Health Center, Balboa Health Center, Curry Health Center, 1M General Medicine Clinic, and 5M Women's Services Clinic, though some of the findings relate to the entire system.

Joann Sutton, Moss Adams LLP, reviewed the revenue opportunities identified in the report:

- Increase physician productivity - $1,600,000
- Revise billing codes and improve billing practices - $206,000
- Schedule patient orientation visits together with physician visits - $72,000
- Patient registration improvements - $244,000
- Charge for free family planning services at Balboa Clinic - $13,000
- Bill for introductory Medicare services - $35,000

Mr. Sass presented DPH's response to the recommendations, as well as an overview of other revenue enhancement efforts DPH has undertaken. In general, DPH is in agreement with the findings. DPH agrees that increasing productivity offers the greatest potential for revenue maximizations. DPH also agrees with the recommendation to update the Charge Master Description. He noted that the Moss Adams report does not include any recommendations related to the DPH patient registration and billing practices. Mr. Sass commended the work of Diana Guevara and Patient Billing Services, which has resulted in improved collections and reduced accounts receivable.

Community clinics do not represent the major source of collections in the DPH system. That said, collection in the Health Centers have grown 52 percent over the past six years.

Mr. Sass said the most important component of the Moss Adams report is increasing clinician productivity. DPH does not believe it is possible to achieve a benchmark of 4 visits per clinician hour worked. Interviews with public clinic directors in other counties in California and in other states found that most public health primary care sites have visits per clinician hour in the 1.6-2.5 range. Several DPH Health Centers have clinician productivity rates greater than 2—the average is 2.08.

Efforts underway at neighborhood health centers to increase clinician productivity include:

- Monitoring and feedback on clinician productivity at the neighborhood clinics

- Consultations to redesign the patient intake and treatment processes
- Renovation of DPH clinics to increase the number of treatment rooms
- Implementation of Open Access at selected clinics to increase volume
- Upgrades to computer network to improve connectivity
- Formation of a revenue enhancement task force

Ms. Sass said that DPH agrees with Moss Adams' findings about the Charge Master Update. It is clear that a complete evaluation is needed, not just at the clinics but also at the hospital. He is working with the Controller's Office to see if this review could be funded by Proposition C monies.

Commissioners' Comments

- Commissioner Illig asked why medical directors have higher levels of productivity than other MDs. Ms. Ogbu said that they have fewer clinics that other doctors, and also tend to run urgent care clinics, which see more patients more quickly.
- Commissioner Tarver asked if there are differentials between clinics in terms of time spent on administrative duties. Ms. Ogbu said they are trying to set a department-wide standard of 75 percent clinical duties and 25 percent administrative duties.
- Commissioner Monfredini asked Moss Adams what could be done to increase clinician productivity. Ms. Sutton said the non-clinical duties physicians have had to pick up have increased dramatically over the past five years. New regulatory requirements have added to administrative duties. Keeping a clinic open longer than eight hours increases productivity, but is very taxing on staff. Medical residency and training programs offer an opportunity to increase clinic productivity. The strongest barrier to increased productivity is the shortage of administrative and support staff. Open access also allows for an increased number of patients to be seen on a daily basis, which increases productivity. Commissioner Monfredini asked if the recommendation about nursing orientation visits has been implemented. Mr. Sass said this recommendation relates only to the 1M clinic, and he believes changes have been made.
- Commissioner Sanchez said this report was very enlightening. He noticed that there were differences between the teaching clinics and the non-academic clinics. There are many things that could be done to move forward with the clinics. We have a mission to serve the most vulnerable, and we do so through neighborhood clinics.
- Commissioner Chow said the report provides guidance to policy makers and staff. It is clear that DPH needs an adequate charge master. His concern is that there are different charge masters at each clinic. While primary care clinics have a lot of autonomy, this should not result in silos. There needs to be some uniformity of administration, in terms of charge masters, how encounters are classified, etc. Commissioner Chow said that DPH was criticized for cutting staff while at the same time not going after revenue aggressively. This report shows that this is not the case.
- Commissioner Tarver said this report will incentivise the Department to do some creative thinking, and he urged that the providers be included. Commissioner Tarver said that many clinic patients are medically complex, and their visits are not straightforward. This impacts productivity. He also encouraged using the sites that have the highest levels of productivity to develop best practices that could be applied to other clinics.

7) PUBLIC COMMENT/OTHER BUSINESS

None.

8) ADJOURNMENT

The meeting was adjourned at 6:00 p.m.

Michele M. Seaton, Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: **http://www.sfdph.org**

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, June 20, 2006
at
3:00 p.m.
LAGUNA HONDA HOSPITAL*

****PLEASE NOTE THE SPECIAL LOCATION OF THIS MEETING**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:30 p.m. at Laguna Honda Hospital, Gerald Simon Auditorium. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 13, 2006**
**Minutes of the meeting of June 13, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Asian Pacific Islander Wellness Center – San Mateo County Outreach and Case Management Program, in the amount of $126,692, which includes a 12% contingency, to provide Case Management, Treatment Advocacy and Outreach/Case Finding, to the target population of HIV+ Asian Pacific Islanders in San Mateo County who are diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2008.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Westside Community Mental Health, in the amount of $919,855, which includes a 12% contingency, to provide home care/hospice/attendant care services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year contract renewal with Mission Neighborhood Health Center, in the amount of $230,067, which includes a 12% contingency, to provide Integrated Case Management services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting in the amount of $700,000, which includes a 12% contingency, to provide consulting services to the HIV Health Services Section for the Quality Management Program, for the period of March 1, 2006 through August 31, 2008.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.5) **AIDS OFFICE-HIV Health Services** – Request for approval of a new contract with Patricia Sullivan Consulting, in the amount of $139,534, which includes a 12% contingency, to provide professional consulting services to support the Southeast Partnership CoE Evaluation and Technical Assistance Project for the AIDS Office–HIV Health Services Section, for the period of August 1, 2005 through June 30, 2006.
** Contract summary, Contract evaluation form, Client demographic information form*

(3.6) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with AIDS Community Research Consortium - HIV Care Program – "Spanish Living Now Program", in the amount of $441,057, which includes a 12% contingency, to provide treatment adherence/advocacy services targeting persons with HIV who reside in San Francisco, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary and Response*

(3.7) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with AIDS Legal Referral Panel – Client Advocacy/Legal Services Program, in the amount of $125,664, which includes a 12% contingency, to provide legal assistance, consultation, or representation for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2007 *(1.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.8) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Catholic Charities, in the amount of $790,217, which includes a 12% contingency, to provide Attendant Care services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.9) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Immune Enhancement Project in the amount of $562,630, which includes a 12% contingency, to provide complementary therapy services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.10) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with San Francisco Food Bank, in the amount of $448,794, which includes a 12% contingency, to provide food solicitation and liquid supplement services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.11) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with San Francisco Suicide Prevention, in the amount of $492,292, which includes a 12% contingency, to provide Nightline phone and crisis hotline services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.12) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF Pediatric AIDS Program, in the amount of $708,368, which includes a 12% contingency, to provide primary care, case management, developmental psychology and nutritional counseling to HIV positive/HIV indeterminate children and adolescents from low-income families who are affected by HIV/AIDS, for the period of March 1, 2006 through February 28, 2010 *(4 Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form, Board of Directors information*

(3.13) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project – HIV Cognitive Impairment/Dementia HUB of Expertise Services, in the amount of $721,466, which includes a 12% contingency, to provide cognitive impairment services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report memo and summary*

(3.14) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Asian Pacific Islander Wellness Center HIV Prevention Services, in the amount of $979,042, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report memo and summary, Client demographic information form*

(3.15) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Aguilas, Inc. HIV Prevention Services, in the amount of $680,040 which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.16) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Instituto de la Raza HIV Prevention Services, in the amount of $999,600, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summaries, Client demographic information form*

(3.17) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Larkin Street Youth Services HIV Prevention Services, in the amount of $484,400, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.18) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with San Francisco LGBT Community Center HIV Prevention Services, in the amount of $417,000, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.19) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with St. James Infirmary HIV Prevention Services, in the amount of $380,368, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.20) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with UCSF Stonewall – Prevention With Positive Program - HIV Prevention Services, in the amount of $592,000, which includes a 12% contingency, to provide HIV Prevention for HIV Positive and Negative Individuals / Planning for RNA Testing services , for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form, Board of Directors information*

(3.21) **AIDS OFFICE-HIV Prevention** – Request for approval of a renewal contract with UCSF AIDS Health Project – Basic and CET Training Services, in the amount of $327,040, which includes a 12% contingency, to provide HIV Prevention Services, for the period of July 1, 2006 through June 30, 2008.
** Contract summary, Monitoring report summary, Client demographic information form, Board of Directors information*

(3.22) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with UCSF Stonewall HIV Prevention Services, in the amount of $886,922 which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form, Board of Directors information*

(3.23) **PHP/CHSS-TB Control** – Request for approval of a contract renewal with UCSF at San Francisco General Hospital (SFGH), in the amount of $286,003, which includes a 12% contingency, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form, Board of Directors information*

Items for Discussion and Approval

(3.24) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Lutheran Social Services, in the amount of $1,412,290, which includes a 12% contingency, to provide financial services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.25) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Shanti Project, in the amount of $1,923,470, which includes a 12% contingency, to provide HIV Health Services Planning Council Support to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.26) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Maitri AIDS Hospice, in the amount of $5,355,610, which includes a 12% contingency, to provide residential nursing, attendant and dementia care services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.27) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $1,703,896, which includes a 12% contingency, to provide residential detox and substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008 *(2.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.28) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal with Community Awareness & Treatment Services, in the amount of $965,555, which includes a 12% contingency, to provide residential mental health services to African American and transgender women who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report memo, Client demographic information forms*

(3.29) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Community Awareness & Treatment Services, in the amount of $976,534, which includes a 12% contingency, to provide men's residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary and vendor response, Client demographic information form*

(3.30) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with San Francisco AIDS Foundation HIV Prevention Services, in the amount of $3,243,777, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction – Gay Life and Needle Exchange services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through June 30, 2008.
** Contract summary, Monitoring report memo and summaries, Client demographic information form*

(3.31) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Tenderloin AIDS Resource Center HIV Prevention Services, in the amount of $1,158,914, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.32) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with STOP AIDS Project HIV Prevention Services, in the amount of $3,059,076, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summaries, Client demographic information form*

(3.33) **DPH-Central Admin/Policy & Planning** – Request for approval to submit a resolution to the Board of Supervisors to enter into a contract exceeding $10,000,000 with the San Francisco Community Health Authority.
**Request memo, Resolution*

(3.34) **DPH-Central Admin/Policy & Planning** – Request for approval of a contract renewal with San Francisco Community Health Authority (SFCHA) in the amount of $11,405,158 to provide universal health insurance services targeting San Francisco children, young adults and young parents, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.35) **PHP-Housing & Urban Health** – Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation, in the amount of $4,052,179, which includes a 12% contingency, to provide full and partial rental subsidies targeting people with disabling HIV or AIDS, for the period of March 1, 2006 through August 31, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.36) **PHP-Housing & Urban Health** – Request for approval of a new contract with Tides Center, in the amount of $1,620,064, which includes a 12% contingency, to provide property management services, for the period of August 1, 2006 through June 30, 2007.
** Contract summary*

(3.37) **CHN-Facilities** – Request for approval of a new contract with Fong + Chan Architects, in the amount of $579,025 which includes a 12% contingency, to provide facilities compliance services, for the period of July 1, 2006 through June 30, 2007.
** Contract summary*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR JUNE**
**List of Awardees*

6) **FOR DISCUSSION:** **LAGUNA HONDA ANNUAL REPORT**
(John Kanaley, LHH Executive Administrator)
**Report*

7) **FOR DISCUSSION:** **LAGUNA HONDA REBUILD UPDATE**
(John Thomas, Program Manager, LHH Replacement Program)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Laguna Honda Hospital's Gerald Simon Auditorium is located on the first floor of the Main Building, from the main entrance to the left. Wheel chair assisted participants arriving by motorcar should park in the large main parking lot east of the Hospital, using the East lot wheelchair entrance ramp to the Main Building. Upon entering the building, proceed straight ahead the entire length of the building to the west end of the 5th floor, where there is an elevator at the far end of an open air area. Take the elevator down to the first floor, where signs will direct you to Simon Auditorium. Muni metro subway, most motorbus lines and Forest Hill Station are wheelchair accessible, as are the Hospital buildings.

You are encouraged to utilize public transportation. The Forest Hill Muni Station is located across the street from the Hospital's entrance. The K, L and M streetcar lines stop at Forest Hill Station, and can be boarded at most BART/MUNI stations, including Civic Center Station, located on Market street, one block from Civic Center Garage, across from City Hall.

Motorbus lines #36 Teresita, #43 Masonic, #44 O'Shaughnessy and #52 Excelsior serve the Forest Hill Station. For information about MUNI services, call 673-6864.

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Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, June 20, 2006
at
3:00 p.m.
LAGUNA HONDA HOSPITAL

SF
H20
#2
6/20/06

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:20 p.m.

Present:	Commissioner Lee Ann Monfredini, President Commissioner Edward A. Chow, M.D. Commissioner David J. Sanchez, Jr., Ph.D. Commissioner Donald E. Tarver, II, M.D. Commissioner John I. Umekubo, M.D.
Absent:	Commissioner Roma P. Guy, M.S.W. Commissioner James M. Illig, Vice President

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 13, 2006

Public Comment

Patrick Monette-Shaw is disturbed that Commissioner Monfredini applauded the defeat of Proposition D in the minutes of the meeting.

Action Taken: The Commission (Chow, Monfredini, Sanchez, Tarver, Umekubo) approved the minutes from the June 13, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting.

Commissioner Sanchez said that the Budget Committee would be recommending to the full Commission that all multi-year contracts would be for a maximum of 2.5 years, rather than 4.5 years. The Commission supports the concept of four-year contracts, but wants to ensure that they are available to all contractors on a fair and consistent basis. To accomplish that, the Commission will ask the Department to develop department-wide criteria for multi-year contracts that are consistent across all divisions.

Budget Committee members asked that Items 3.4, 3.5, 3.14, 3.18 and 3.20 be moved to the discussion calendar.

Items for Approval

(3.1) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Asian Pacific Islander Wellness Center – San Mateo County Outreach and Case Management Program, in the amount of $126,692, which includes a 12% contingency, to provide Case Management, Treatment Advocacy and Outreach/Case Finding, to the target population of HIV+ Asian Pacific Islanders in San Mateo County who are diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2008.

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Westside Community Mental Health, in the amount of $919,855, which includes a 12% contingency, to provide home care/hospice/attendant care services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

Secretary's Note – Commissioner Tarver abstained from voting on this item.

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year contract renewal with Mission Neighborhood Health Center, in the amount of $230,067, which includes a 12% contingency, to provide Integrated Case Management services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.

(3.6) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with AIDS Community Research Consortium - HIV Care Program – "Spanish Living Now Program", in the amount of $441,057, which includes a 12% contingency, to provide treatment adherence/advocacy services targeting persons with HIV who reside in San Francisco, for the period of March 1, 2006 through August 31, 2010.

(3.7) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with AIDS Legal Referral Panel – Client Advocacy/Legal Services Program, in the amount of $125,664, which includes a 12% contingency, to provide legal assistance, consultation, or representation for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2007.

(3.8) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Catholic Charities, in the amount of $790,217, which includes a 12% contingency, to

provide Attendant Care services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2010 *(4.5 Multi Year Renewal).*

(3.9) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Immune Enhancement Project in the amount of $562,630, which includes a 12% contingency, to provide complementary therapy services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.10) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with San Francisco Food Bank, in the amount of $448,794, which includes a 12% contingency, to provide food solicitation and liquid supplement services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.11) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with San Francisco Suicide Prevention, in the amount of $492,292, which includes a 12% contingency, to provide Nightline phone and crisis hotline services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.12) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF Pediatric AIDS Program, in the amount of $708,368, which includes a 12% contingency, to provide primary care, case management, developmental psychology and nutritional counseling to HIV positive/HIV indeterminate children and adolescents from low-income families who are affected by HIV/AIDS, for the period of March 1, 2006 through February 28, 2010.

(3.13) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project – HIV Cognitive Impairment/Dementia HUB of Expertise Services, in the amount of $721,466, which includes a 12% contingency, to provide cognitive impairment services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.15) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Aguilas, Inc. HIV Prevention Services, in the amount of $680,040 which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.16) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Instituto de la Raza HIV Prevention Services, in the amount of $999,600, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.17) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Larkin Street Youth Services HIV Prevention Services, in the amount of $484,400, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.19) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with St. James Infirmary HIV Prevention Services, in the amount of $380,368, which includes a 12%

contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.21) **AIDS OFFICE-HIV Prevention** – Request for approval of a renewal contract with UCSF AIDS Health Project – Basic and CET Training Services, in the amount of $327,040, which includes a 12% contingency, to provide HIV Prevention Services, for the period of July 1, 2006 through June 30, 2008.

(3.22) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with UCSF Stonewall HIV Prevention Services, in the amount of $886,922 which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.23) **PHP/CHSS-TB Control** – Request for approval of a contract renewal with UCSF at San Francisco General Hospital (SFGH), in the amount of $286,003, which includes a 12% contingency, to provide physician and radiologist services to patients referred to the SFGH Tuberculosis Clinic, for the period of July 1, 2006 through June 30, 2007.

Items for Discussion and Approval

(3.4) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting in the amount of $700,000, which includes a 12% contingency, to provide consulting services to the HIV Health Services Section for the Quality Management Program, for the period of March 1, 2006 through August 31, 2008.

(3.5) **AIDS OFFICE-HIV Health Services** – Request for approval of a new contract with Patricia Sullivan Consulting, in the amount of $139,534, which includes a 12% contingency, to provide professional consulting services to support the Southeast Partnership CoE Evaluation and Technical Assistance Project for the AIDS Office–HIV Health Services Section, for the period of August 1, 2005 through June 30, 2006.

Commissioners' Comments

- Commissioner Chow appreciates that Ms. Sullivan has provided information about how she develops culturally competent training. Ms. Long said the AIDS Office identifies the providers to do the training, and Ms. Sullivan contracts with them to provide the services. For both contracts, Ms. Sullivan is the coordinator for the quality management program, so the bulk of the funds she receives is for the coordination function and various presentations. Ms. Sullivan does a lot of the hands-on work for the quality management program.

- Commissioner Tarver asked why the unit cost varies between the two contracts. Ms. Long said that the unit cost for 3.4 is less expensive because it involves people from the community doing a lot of the training. Many more people, paid at a different rate, fall under the unit cost for 3.5. Commissioner Tarver asked that future summaries include these factors.

(3.14) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Asian Pacific Islander Wellness Center HIV Prevention Services, in the amount of $979,042, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

Commissioners' Comments

- Commissioner Chow asked if the program serves exclusively transgender individuals, as seems to be indicated by the demographic information. Ms. Packer said the program reaches gay and bisexual men and youth and transgender, but the demographic form is just for the transgender program. She will provide the Commissioners with the demographics for the other programs. (Secretary's Note – Ms. Packer submitted this information after the Health Commission meeting). Max Rocha, API Wellness Center, added that that demographic information in the Commissioners' packet is for unduplicated transgender contacts for last year, not individual clients.

- Commissioner Tarver said the transgender breakdown should be more specific, for example male-to-female or female-to-male. Ms. Packer said they could do this. Commissioner Tarver noted that John Santos, executive director of API Wellness Center, is retiring at the end of the summer, and he commended Mr. Santos's stewardship of the agency over the past years.

(3.18) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with San Francisco LGBT Community Center HIV Prevention Services, in the amount of $417,000, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

Commissioners' Comments

- Commissioner Tarver asked why the unit cost is so high. Ms. Packer said that a lot of factors come into the unit cost, which differs between agencies. Commissioner Tarver said that the cost appears high, and more detail as to what goes into these costs might be helpful next time.

- Commissioner Chow asked how many people are in each group. Anthony Philip, LGBT Community Center, said there are approximately 12 people in each group. Ms. Packer said the HIV Prevention is looking at costs across programs.

(3.20) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with UCSF Stonewall – Prevention With Positive Program - HIV Prevention Services, in the amount of $592,000, which includes a 12% contingency, to provide HIV Prevention for HIV Positive and Negative Individuals / Planning for RNA Testing services , for the period of July 1, 2006 through December 31, 2008.

Commissioners' Comments

- Commissioner Tarver asked what Magnet is doing to outreach to the African American community. Steven Gibson, Magnet Executive Director, described to collaborations they have to outreach to this population. Mr. Gibson said they are also increasing outreach to clients who do not come into the Castro.

(3.24) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Lutheran Social Services, in the amount of $1,412,290, which includes a 12% contingency, to provide financial services to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.

Michelle Long, Director, HIV Health Services, said the AIDS Office was very excited about the opportunity to develop 4.5-year contracts, as has been done in other DPH divisions, and worked carefully to select appropriate providers. She asked the Budget Committee to consider the 4.5-year contracts. They tried to select contractors where the scope of work would not change much and providers that have significant history with the AIDS Office.

Commissioners' Comments

- Commissioner Chow said that the Commission understands the benefits of multi-year contracts, and agrees with these in principle. His concern is that with the potential for changes in the epidemic, there needs to be flexibility to respond to these changes. In addition, he wholeheartedly supports criteria for multi-year contracts that apply equally to all contracts across division.

(3.25) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive multi-year renewal contract with Shanti Project, in the amount of $1,923,470, which includes a 12% contingency, to provide HIV Health Services Planning Council Support to individuals affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.26) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Maitri AIDS Hospice, in the amount of $5,355,610, which includes a 12% contingency, to provide residential nursing, attendant and dementia care services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.27) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Haight Ashbury Free Clinic, Inc., in the amount of $1,703,896, which includes a 12% contingency, to provide residential detox and substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.

Commissioners' Comments

- Commissioner Tarver asked how many members HAFC has on its board. Mr. Eckstrom, HAFC Executive Director, said they have room for 30 members on the board of directors. Commissioner Tarver asked why the agency's client satisfaction and program compliance scores decreased from last year. Ms. Long said it appears the program compliance standards have to do with the level of data entry being below the standards. Wendy Mitchell, HAFC data entry clerk, said HAFC wrote up a new procedure to ensure adequate data entry and this is reviewed at the end of each month. Ms. Long said the issue with client satisfaction was the way the survey results were written up, and they suggested that the agency receive technical assistance for their client satisfaction process.

(3.28) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal with Community Awareness & Treatment Services, in the amount of $965,555, which includes a 12% contingency, to provide residential mental health services to African American and transgender women who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

Commissioners' Comments

- Commissioner Tarver asked why the contracted percentage for mental health referrals is less than for primary care referrals. Janet Goy, CATS Executive Director, said the reason for that is that they do serve a very complex population, and they found they could do a little better than 60 percent for mental health, but that 70 percent is a reach. Commissioner Tarver urged the agency to keep in touch with the Department to see how they can improve these connections.

- Commissioner Chow, as a general comment about all of the AIDS Office contracts, commended staff for the matrixes that they include in the contract summaries.

(3.29) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Community Awareness & Treatment Services, in the amount of $976,534, which includes a 12% contingency, to provide men's residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2010.

(3.30) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with San Francisco AIDS Foundation HIV Prevention Services, in the amount of $3,243,777, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction – Gay Life and Needle Exchange services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through June 30, 2008.

(3.31) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with Tenderloin AIDS Resource Center HIV Prevention Services, in the amount of $1,158,914, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.32) **AIDS OFFICE-HIV Prevention** – Request for approval of a 2.5 year renewal contract with STOP AIDS Project HIV Prevention Services, in the amount of $3,059,076, which includes a 12% contingency, to provide HIV Health Education and Risk Reduction and Prevention with Positive services to behavioral risk populations in San Francisco, for the period of July 1, 2006 through December 31, 2008.

(3.33) **DPH-Central Admin/Policy & Planning** – Request for approval to submit a resolution to the Board of Supervisors to enter into a contract exceeding $10,000,000 with the San Francisco Community Health Authority.

Secretary's Note – Commissioner Umekubo abstained from voting on this item.

(3.34) **DPH-Central Admin/Policy & Planning** – Request for approval of a contract renewal with San Francisco Community Health Authority (SFCHA) in the amount of $11,405,158 to provide universal health insurance services targeting San Francisco children, young adults and young parents, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Chow noted that the contract has increased over last year, and asked how many more people would get covered through the program. Ms. Fraser said the increase in the contract amount is a result of two things. First, a five percent increase in premiums. The second portion is an expected growth of 2,000 to 2,500 enrollees in the young adult program.

- Commissioner Tarver urged the Department and the San Francisco Health Plan to work together to develop combined formularies, as different formularies cause clients much confusion. He also said we should find a better way for people in San Francisco who are newly involved in the health plan to be able to find a provider that meets patients' language, cultural and other needs.

- Commissioner Chow said asked Ms. Fraser to describe how the health plan considers additions to its formulary. Ms. Fraser said the issue of multiple formularies is very vexing. SFHP's P&T committee meets quarterly and allows the opportunity for physicians to petition for drugs to be added to the formulary, and there is a process to request non-formulary drugs.

Secretary's Note – Commissioner Umekubo abstained from voting on this item.

(3.35) **PHP-Housing & Urban Health** – Request for approval of a retroactive contract renewal with San Francisco AIDS Foundation, in the amount of $4,052,179, which includes a 12% contingency, to provide full and partial rental subsidies targeting people with disabling HIV or AIDS, for the period of March 1, 2006 through August 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked what thought has been given to increasing turnover in subsidies through programs such as job training and career resources. Ms. Antonetty said that this contract does not provide any funding for job training. However the SFAF has case managers who connect patients to these kinds of resources. Ms. Antonetty said the turnover of the housing wait list is very slow, and there are currently 2,430 active people waiting. Strategies to increase turnover include establishing a citywide task to prepare to respond to the reductions in time people can have housing subsidies. This task force will address the turnover issues.

(3.36) **PHP-Housing & Urban Health** – Request for approval of a new contract with Tides Center, in the amount of $1,620,064, which includes a 12% contingency, to provide property management services, for the period of August 1, 2006 through June 30, 2007.

(3.37) **CHN-Facilities** – Request for approval of a new contract with Fong + Chan Architects, in the amount of $579,025 which includes a 12% contingency, to provide facilities compliance services, for the period of July 1, 2006 through June 30, 2007.

(3.38) **CHS-PAES Dental** – Request for approval of a renewal contract with AmeriChoice, in the amount of $1,284,186, which includes a 12% contingency, to provide fiscal intermediary services to the Personal Assisted Employment Services for dental services, for the period of July 1, 2006 through June 30, 2009.

Commissioners' Comments

- Commissioner Sanchez commended staff for the additional information that was received as a follow up to the last Health Commission meeting.

Secretary's note - The term of this contract changed to one year, with a new contract amount of $428,062.

Action Taken: The Commission (Chow, Monfredini, Sanchez, Tarver, Umekubo) approved the Budget Committee Consent Calendar.

The terms for the following contracts were changed to 2.5 years: 3.2, 3.6, 3.8, 3.9, 3.10, 3.11, 3.12. 3.13, 3.25, 3.26, 3.28 and 3.29. The Commission asked the Department to develop department-wide criteria for multi-year contracts.

Item 3.38, the term of the contract was changed to one year, with a new contract amount of $428,062.

Commissioner Tarver abstained from voting on Item 3.2. Commissioner Umekubo abstained from voting on Item 3.33 and 3.34.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, submitted his Director's Report to the Commission. In addition to the written report, Dr. Katz updated the Commission on the proposed San Francisco Health Access Program.

National Association of Counties Award

The Department is pleased to have won a 2006 Achievement Award from the National Association of Counties (NACo) for its Charity Care Project, which is led by Office of Policy and Planning.

NACo's annual Achievement Award Program recognizes innovative county government programs, and promotes them as models throughout the United States. NACo will include a summary of the Charity Care Project on its Web site (www.naco.org), and in its database of Model Programs. Additionally, the Charity Care Project will be recognized at NACo's 10th Annual Awards Reception as part of its annual conference this August in Chicago.

The Charity Care Project was created in 2002 in response to a reporting and notification Ordinance promulgated by San Francisco's Board of Supervisors. It has three primary objectives:

- Annual analysis and reporting of charity care policies and expenditures for San Francisco hospitals.
- Coordination with community stakeholders to monitor and focus community benefits provided by hospitals in exchange for non-profit, tax-exempt status.
- Planned distribution of specific healthcare treatment and services for poor and underserved populations to increase their access to healthcare.

Benefits of the project to date include increased public awareness of free healthcare services, improved tracking of hospitals' charity care and community benefits, and an overall increase of $22.4 million in reported charity care expenditures.

Community partners on the Project include representatives from Consumers Union, Health Access, Operation Access, Service Employees' International Union (SEIU) Local 250, San Francisco Community Clinic Consortium, the Hospital Council of Northern and Central California, Kaiser Permanente Medical Center, California Pacific Medical Center, Saint Francis Memorial Hospital, St. Luke's Hospital, St. Mary's Medical Center, and the University of California, San Francisco Medical Center.

State Survey at SFBHC Completed

Representatives from the Department of Mental Health (DMH) conducted the annual survey of the San Francisco Behavioral Health Center (SFBHC) – Mental Health Rehabilitation Center (MHRC) from June 14th through June 16th. The annual survey covered all aspects of the MHRC program. One surveyor reviewed the clinical areas including reviewing medications, treatment plans, and documentation in the medical records by staff. He complimented the psychiatrists for their discharge summaries that served as excellent communications to the next provider. A second surveyor focused on program compliance issues such as providing the required number of group hours per client, services for monolingual clients, and reviewing unusual occurrences. A third surveyor reviewed the administrative areas such as personnel files, nurse staffing hours, and in-services for staff. The survey team complimented the MHRC leadership and staff for providing excellent care and services to its clients.

Dr. Katz congratulated Sharon Wicher and the SFBHC staff for this excellent review and evaluation.

2006 Community Health Grants

The California Pacific Medical Center's 2006 Community Health Grants Program has awarded $10,000 to the SF Asthma Task Force and Asthma Resource Center of San Francisco, Inc. to focus on investigation of causal factors of pediatric asthma hospitalizations in San Francisco. Often our understanding of the cause of asthma hospitalizations is based on assumptions of patient non-compliance with medical treatment or an exacerbating environmental exposure. But we have not taken a comprehensive look at other contributing factors such as competing needs for family survival, out-of-pocket costs for prescriptions, medical provider standard of care for asthma diagnosis and treatment, transportation access, language and educational barriers to care, lack of asthma education, inadequate control of environmental risk factors, etc.

The grant objectives are to:

- Identify causal factors for pediatric asthma hospitalizations for CPMC and St. Luke's patients
- Propose appropriate resources and interventions for the causal factors identified, and research their feasibility.
- Develop collaboration with the African American Community Ambassadors/ Hospital Navigators Program for potential application of proposed resources and intervention

DPH is grateful to Cal Pac for the opportunity to explore these important aspects of asthma in our community.

Positive Resource Center SSI Advocacy

The results are in after two years of SSI advocacy provided by the Positive Resource Center (PRC) for adult mental health clients in San Francisco. Aside from enhancing the lives of individuals with mental illness through income assistance, PRC's SSI advocacy project also earned a 5:1 return-on-investment for the City and County of San Francisco. For every dollar that the Department of Public Health (DPH) invested in PRC's SSI advocacy services from 2003-05, the county earned five times more through the activation of retroactive SSI-linked Medi-Cal payments for past health services previously provided by the county to client beneficiaries. The long-term client benefits, and effectiveness, of SSI advocacy have been fairly well documented, but the ROI results further demonstrate the worthiness of devoting resources to SSI advocacy services.

Dr. Katz very much appreciates all of the DPH/CBHS clinicians who helped their disabled clients go through the SSI application process. Thanks also for the leadership of Maria X. Martinez, Deputy Director of DPH Community Programs, and the vital assistance provided by Maria Barteaux's billing staff, Nick Hancock, MaryAnn Sullivan, and Lion Barnett.

Mental Health Services Act (MHSA) Update

The RFP for MHSA services was published on May 26th. A pre-proposal conference to answer questions about the RFP was held on June 2nd, and written questions were accepted until June 14th. The deadline for proposal submission is June 28th at 12:00 noon. Many community members indicated their interest in serving on the review panels, and 55 people participated in a review panel orientation. The community review panels insure that the spirit of the MHSA planning process will continue in the selection of service providers for these funds.

New STD Prevention Program

The San Francisco STD Program, in collaboration with Better World Advertising, has developed a new syphilis awareness campaign, called BUCK SYPHILIS, to take the place of the Healthy Penis Campaign. The new campaign promotes the notion that syphilis testing be viewed as an easy part of general health maintenance and overall well being, and aims to avoid the resurgence of the disease as has been seen in other cities.

The campaign will utilize a variety of ads featuring local men highlighting the challenges they have overcome in their lifetimes and emphasize that testing and treatment for syphilis is easy in comparison. Ads will be placed in transit stations, in print media, and on popular websites used by men who have sex with men (MSM) to meet sex partners. Many of those involved in the campaign will take part in the Department of Public Health float at Gay Pride on Sunday, June 25th.

Environmental Health Journal Article

The Environmental Health Section investigation of dermatitis complaints that occurred starting in February 2004 after the SFPUC replaced chlorine with monochloramine for secondary disinfection was recently published in the open-access peer review journal, *Environmental Health: A Global Access Science Source.* The investigation indicated that the reported complaints were heterogeneous. Many of the respondents had underlying or preexisting conditions offering an alternative plausible explanation for their symptoms. Overall, results did not support the need for a wider study, and did not suggest a compelling reason to reconsider the use of monochloramine for residual water disinfection. The manuscript may be accessed at: http://www.ehjournal.net/content/5/1/18 .

Understanding Racism and Health Inequities Workshop a Success

Last Friday the African American Health Initiative and the Health Education Training Center presented a workshop for DPH managers entitled, "Understanding the Impact of Race and Racism on Health Inequities and Health Disparities."

The event, held at Ft. Mason, drew staff from throughout DPH including DPH Executive Staff, MCAH, CBHS, SFGH Nursing, Health at Home, SFGH Patient Safety, COPC, Jail Health, and others. The purpose of the workshop was to explore and address the impact of race and racism on health behaviors, quality health services, and differential outcomes.

The trainer, Melanie Tervalon, MD, MPH, is one of the leading theorists and practitioners in "cultural humility" and exploration of the impact of race and racism on health care and health outcomes. The workshop included creating a mutual definition of race, interpersonal racism, "institutional" racism and identifying how racism is structured into governmental regulations, policies, and practices. A number of those in attendance have suggested that we invite Dr. Tervalon back to DPH for additional presentations.

San Francisco Health Access Program
This morning was the last meeting of the Mayor's Universal Healthcare Council. Dr. Katz said the Council universally accepted the San Francisco health access model. This model will provide services through the San Francisco Health Plan to San Francisco's uninsured population, estimated at 82,000. It is not an insurance plan in that it does not provide coverage outside of San Francisco and it requires individuals upon entering the program to commit to applying for any other health benefit for which he/her is eligible. An actuarial study determined that the cost would be $201 per member per month, which is significantly less than a basic Kaiser plan bought at a group level. Based on the population, the cost of the plan is $198 million. The county currently spends $104 million providing care for this population. The remaining dollar figure will be paid for through the employer mandate and individual enrollment. Tomorrow the Mayor and Supervisor Ammiano will both be introducing pieces of enabling legislation. There is widespread support for this program. Dr. Katz is very excited because San Francisco would become the first locality to provide universal health access. Dr. Katz said that the first person could be enrolled in approximately nine months.

Commissioners' Comments

- Commissioner Monfredini asked if DPH is responsible for the roll out of the program. Dr. Katz said that DPH will be the sole department responsible for this program, but will rely heavily on the San Francisco Health Plan. Commissioner Monfredini asked how many people would be enrolled immediately. Dr. Katz said they would probably turn the program on for 12,000 people, not all of who will be served through DPH. They would try to enroll another group every three months.

- Commissioner Tarver said this is a groundbreaking effort. He asked how the public and non-public outpatient facilities would be able to expand to accommodate the expanded population, when clinics already have waiting lists. And also, what will be the connection to behavioral health. Dr. Katz said that this program would allow DPH to bring in additional dollars, which would allow for expanded capacity. There is also a willingness on the part of the Mayor's Office and the philanthropic community to look for additional resources. With regard to behavioral health, the program covers psychiatric care and psychiatric hospitalization. For the fuller range of behavioral health services, they would look to DPH's existing CBHS.

- Commissioner Umekubo thanked Dr. Katz and all participants for this amazing effort. It is a great start, although it would be ideal of dental and vision services could also be included.

- Commissioner Sanchez said this is an exceptional model, and he applauded our community partners for participating.

- Commissioner Chow said this is an extremely exciting proposal and asked if this program would operate as a fee-for-service model or more of a managed care model. Dr. Katz said that employers and employees would pay directly to SFHP. The City and County would pay the subsidy to SFHP. SFHP will contract with its providers, with various arrangements. Everyone would have to choose a provider. Commissioner Chow asked how the City would ensure that employers do not switch from a richer insurance program and put their employees on this plan. Dr. Katz said one of the requirements is that employers have not provided health insurance in the past year. In addition, this program does not subsidize large employers.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR JUNE

Commissioner Sanchez presented the employee recognition awards for June.

Individual Award	**Division**	**Nominated By**
Debbie Tam, R.N.,C	Laguna Honda Hospital	Mivic Hirose, LHH Chief Nursing Officer

Team Award	**Division**	**Nominated By**
LHH Department of Education And Training • Jill LeCount, R.N., M.S., C.N.S • Susan Spencer, R.N., M.S. • John Butts, R.N. • Corrina Chen	Laguna Honda Hospital	Gayling Gee, LHH Associate Administrator

6) LAGUNA HONDA ANNUAL REPORT

John Kanaley, LHH Executive Administrator, presented the Laguna Honda Hospital (LHH) Annual Report. Mr. Kanaley introduced the Adult Day Health Center Fan Dancers, who won the recent LHH talent contest. The fan dancers—King Sin Tso, Ri Kai Chen, Yukchun Cheung, Mei Lin, Im Cheong and Lin Ming—performed for the Commission.

Mr. Kanaley provided a variety of resident demographic information, including race/ethnicity, gender, age and payor mix. He also provided information about the sources of new SNF admissions to LHH. Mr. Kanaley highlighted some of the many of the 2005-2006 strategic goals, and programs that were implemented to accomplish these goals:

- Clinical Programs – Continue to enhance preventive and therapeutic clinical programs.
- Safety and Security – Develop and implement an enhanced Safety/Security program that will provide a safe and secure environment for residents, staff and visitors.
- Finance – Maximize revenue for all programs and services.
- Organizational Structure, Communication and Leadership – Develop a hospital-wide organizational structure for operations, leadership, communications and training.
- Information Systems – Participate in the design and implementation of a single DPH-wide clinical and financial information system, and update the hospital infrastructure to support advanced technology.
- Performance Improvement, Licensing and Regulatory Preparedness – Develop and implement the LHH Performance Improvement Plan.
- Human Resources – Ensure adequate and culturally competent staff.
- Laguna Honda Replacement Project – Develop a systematic approach to successfully operationalize the Replacement Project.

- Operational Structure of new hospital – Initiate the operational planning for moving into the new hospital.

Mr. Kanaley said the primary challenges from the past year were the 2006 licensing survey and the Proposition D ballot initiative.

Mr. Kanaley then presented the 2006-2007 strategic goals.

- Clinical Programs – Continue to focus improvements on specialty areas such as dementia, HIV/AIDS, II/DD, Rehabilitation and community re-entry; roll out medication management and patient safety initiatives (unit dose and omni cell systems); manage behavioral health through a multidisciplinary approach.
- Education and Training – Complete the DET infrastructure with FY07 budgeted positions; solidify the hospital wide training programs and put them into practice; implement the Organizational Effectiveness training program; train, train, train.
- Safety and Security – Continue Threat Assessment Team through performance improvement of SMART training, assist teams, Dr. Gray, SIRT; continue to focus on the Site Security Analysis, focusing on cameras, security rounds, posts and hours of operation; review and revise the Safety Management and Emergency Preparedness plans.
- Organizational Structure, Communication and Leadership – Develop cultural values as part of LHH's Strategic Plan; implement the communication plan for external positive publicity; complete the infrastructure improvements, both budgeted and not budgeted; continue to feed the valley to the goats; build the new laundry.
- Budget, Finance and Revenue – Analyze billing reports; improve on MDS coding; validate billing for new services; maximize revenue; improve departmental budget accountability.
- Information Systems – Finish the development and implementation of a cable management strategy for current buildings, interfaces with the new and the old; continue to develop staff computer skills; improve on and invest in desktop support; move forward with the implementation of Soarian Clinical Systems.
- Quality Management – Improve resident-to-resident altercation PI process; improve departmental performance standards; conduct resident, family and staff satisfaction surveys; maintain a continuous state of preparedness for the regulatory survey process.
- Human Resources – Improve employee morale; minimize vacancies; maximize retention; improve cultural competency.
- Laguna Honda Replacement Project – Move forward with construction and coordination; conduct operational planning; continue transitional planning; plan for assisted living services; continue participating in the Pebbles Project.

Public Comment

- Patrick Monette-Shaw – DPH managers and staff gave misinformation to the public about Proposition D. He is deeply disappointed that voters had been misinformed. The 27 percent of the voters who supported Proposition D are not going away.

- Paul Hendrickson – He and Mr. Kanaley grew up in the same neighborhood in Worcester, Mass. It is like having an old friend from home. He has no major complaints about Laguna Honda, although he has some ideas.

Commissioners' Comments

- Commissioner Monfredini is so pleased with Mr. Kanaley's work over the past 18 months. He and his team are really bringing about change and moving the institution forward. 72 percent opposition to Proposition D is also very telling about the quality of Laguna Honda Hospital. She said the rebuild is very exciting, and coming quickly to fruition. She commended Mr. Thomas for taking this project to the next phase. She asked Mr. Kanaley how he plans to retain his quality leadership team. Mr. Kanaley anticipates holding strategic plan retreats every year. Next year there will be two to three retreats, which will be completed in time for budget submissions. And this year the retreats will be kicked off with team strengthening. Mr. Kanaley is committed to staff education, and his door is always open.

- Commissioner Chow said that a true evolution has occurred at Laguna Honda in terms of issues the hospital has had to face. This is not an easy place to run, and the hospital has gone through a period of public distractions over the past two years. The executive leadership has created the infrastructure and the dialogue to move the institution forward.

- Commissioner Sanchez said it has always been an honor to serve on the Laguna Honda Hospital Joint Conference Committee. It is critical to hear different opinions from staff, and incorporate this into how you lead the institution. He lauds the continued emphasis on education and training.

- Commissioner Umekubo thanked Mr. Kanaley for the wonderful report. Tremendous progress has been made since he last served on the JCC. Mr. Kanaley has an incredible management team, and he supports continued retreats. He is pleased with the strategic goals. Hospital staff has been working under difficult conditions, and it is important that they continue as a team with a common mission.

- Commissioner Tarver asked for more information about the multi-disciplinary approach to dually diagnosed clients. Dr. Killpack said the Department of Psychiatry has integrated efforts with nursing, social work and activity therapy. Each unit has psychologists that provide behavior management trainings and develop behavioral care plans. They have a long, well established psychology training program training graduate psychology students. Mivic Hirose said an interdisciplinary team is integral to the behavioral care plan—psychology, pharmacy, bedside CNAs, etc. With regard to training, SMART training began a year ago. By June 30th, all of the clinical staff and all clinical units will be trained. Commissioner Tarver asked what outcomes are planned for cultural competency. He asked if there are other ethnically focused units, in addition to the Asian focus units. And he asked how the institution connects to community-based African American services. Mr. Kanaley said they have not really established measurable outcomes for cultural competency. They have a Latino-focused unit, and have had conversations about an African American unit. Mozettia Henley said LHH is in the process of developing initiatives to better serve this population. One initiative is to have an African American women's health group. They are also working with City College around developing a culturally competent work force. Commissioner Tarver asked Ms. Gray to get him a breakdown of discharges from LHH and discharges from SFGH. Commissioner Tarver commended Mr. Kanaley and all of his staff for their work. Mr. Kanaley thanked Dr. Katz for the opportunity to lead Laguna Honda, and the Commission for all of its support.

- Commissioner Monfredini asked the status of a discharge unit at LHH. Ms. Hirose said she and Ms. Gray have been discussing this issue. Nursing is focusing on self-administering of medication. Social workers are focusing on money management, taking Muni and other activities. And the Activities Therapy division is conducting community outings for people approaching discharge. With the community re-entry grant they received last year, they have intensive discharge planning on two units. They would like to create a discharge-planning unit that is focused on their skilled nursing population. Commissioner Monfredini thanked Commissioner Chow and Commissioner Sanchez for their work on the LHH JCC.

7) LAGUNA HONDA REBUILD UPDATE

John Thomas, Program Manager, LHH Replacement Program, presented a rebuild update. In summary, the program for the 780-bed facility currently under construction is $482 million. Construction began for the South and East Residence buildings and the Link Building in July 2005. Approximately $113 million of the overall program budget has been expended to date.

Major milestones anticipated this are:

- By September 2006, completion of slab-on-grade and deck concrete pours at the South Residence and Link Buildings; completion of structural foundation and steel erection at the Link "Knuckle" building and the East Residence.
- By December 2006, "dry-in" of the South Residence and Link Buildings; completion of slab-on-grade and deck concrete pours at the South Residence.
- Contracting Milestones: negotiate Phase 1 of the existing hospital remodels work with Turner and sub-contractors; add assisting living planning component to the Anshen & Allen contract.

Commissioners' Comments

- Commissioner Chow said the rebuild work is really impressive, and he encouraged all commissioners to take a tour of the site.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 6:05 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

Lee Ann Monfredini
President

James M. Illig
Vice President

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Commissioner

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
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CANCELLATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, July 4, 2006 has been cancelled.

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For information please call the Commission Office at 554-2666.

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, July 18, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 20, 2006**
**Minutes of the meeting of June 20, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **DPH-Primary Care** – Request for approval of a new contract with Shanti, in the amount of $367,604, which includes a 12% contingency, to provide continued services to the Lifelines program and serve as the fiscal intermediary to the Mammography Van, for the period of July 1, 2006 through June 30, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.2) **Central Administration–Policy & Planning** – Request for approval to accept and expend State grant funds, including 46 recurring grants, by the San Francisco Department of Public Health for FY 2006-2007.
** Grant summary, Resolution, List of grants*

(3.3) **PHP–STD Prevention & Control** – Request for approval accept and expend retroactively a three-year grant from the San Mateo Medical Center, to establish an HIV/AIDS Research Center in the Bay Area, in the amount of $360,000, for the period of 7/1/2006 to 6/30/2009, with $110,374 of funding for FY 06-07, of which $161,280 ($53,760 annually) is a sole source contract with UCSF Department of Infectious Disease, for the period of 7/1/2006-6/30/09.
** Grant summary, Budget justification, Grant information form*

(3.4) **PHP–Newcomers Health Program** – Request for approval accept and expend a grant from the California Department of Health Services, Refugee Health Section, in the amount of $55,000, for the support of the Refugee Preventive Health Program, to manage and follow-up on chronic health conditions among newly arriving refugees, asylees, parolees and victims of trafficking in San Francisco; for the period of July 1, 2006 through June 30, 2007 with expected continuation for four additional years, and which includes a sub-contract with the International Institute of San Francisco in the amount of $28,900 for the same time period.
** Grant summary, Grant information form*

(3.5) **PHP-Housing & Urban Health** – Request for approval of a contract renewal with North and South of Market Adult Day Health Corporation, in the amount of $466,771, which includes a 12% contingency, to provide adult day health services, tenant support and behavioral health services for frail, former homeless elderly (age 62 and over) residents at the new Mission Creek Senior Community Adult Day Health Center, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Client demographic information form*

(3.6) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Latino Commission in the amount of $412,720, which includes a 12% contingency, to provide residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007 *(1.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Client demographic information form*

(3.7) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project-Mental Health Crisis Services, in the amount of $823,815, which includes a 12% contingency, to provide cognitive impairment services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008 *(2.5 Multi Year Renewal).*
** Contract summary, Contract evaluation form and memo, Client demographic information form, Board of Directors information*

(3.8) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $78,400, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Positive Reinforcement Opportunity Project, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **BHS** – Request for approval of a contact renewal with the Children's Council of San Francisco, in the amount of $783,745, with an annual contract amount of $195,936, which includes a 12% contingency, to provide mental health consultation to family child care centers targeting providers caring for at-risk children of preschool age, for the period July 1, 2006 through June 30, 2010.
** Contract summary, Monitoring report summary, Client demographic inform*

(3.10) **BHS** – Request for approval of a contract renewal with Victor Treatment Centers, Inc., in the amount of $625,465, with an annual contract amount of $372,301, for a total contract of $625,465, which includes a 12% contingency, to provide children's behavioral health services, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summary, Client demographic information form*

Items for Discussion and Approval

(3.11) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Project Open Hand, in the amount of $2,032,698, which includes a 12% contingency, to provide Delivered Meal/Grocery Center services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007 *(1.5 Multi Year Renewal).*
** Contract summary, Monitoring report summary, Response letter, Annual year-end report, Client satisfaction survey, Client demographic information form*

(3.12) **AIDS OFFICE-HIV Prevention** – Request for approval of a new 2.5-year contract with Tenderloin AIDS Resource Center HIV Prevention Services, in the amount of $420,000, which includes a 12% contingency, to provide Needle Exchange Services for Youth in San Francisco, for the period of July 1, 2006 through December 31, 2008.
** Contract summary, Monitoring report summary, Client demographic information form*

(3.13) **BHS** – Request for approval of a contract renewal with Huckleberry Youth Programs in the amount of $186,685, with an annual contract amount of $111,121, for a total contract amount of $186,685, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for youth, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

(3.14) **CHN-SFGHMC Radiology** – Request for approval of two retroactive contract renewals with Medical Contracting Services and The Registry Network, Inc, and new retroactive contracts with On Assignment Healthcare Staffing and Platinum Select, LP, in the shared contract amount of $1,800,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with seven-day-a-week availability, for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Rates pages, Monitoring report summaries*

(3.15) **CHN-SFGHMC Nursing Operations** – Request for approval of five retroactive contract renewals with Arcadia Health Services, Inc. dba Arcadia Staff Resources, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and Professional Resources Enterprises, Inc. dba United Nursing International, in the shared contract amount of $2,700,000, to provide supplemental, temporary per diem and traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007.
** Contract summary, Rates pages, Monitoring report summaries and Response letter*

(3.16) **BHS** – Request for approval of contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $2,771,160, with an annual contract amount of $1,847,440, for a total contract of $2,771,160, which includes a 12% contingency, to provide behavioral health services, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information forms*

(3.17) **BHS** – Request for approval of contract renewal with Addiction Research and Treatment, Inc., in the amount of $7,474,557, which includes a 12% contingency, with an annual contract amount of $5,581,003, for a total contract of $8,371,504, to provide substance abuse outpatient treatment services, for the period of July 1, 2006 through December 31, 2007.
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

(3.18) **BHS** – Request for approval of a new contract with BAART Behavioral Health Services, in the amount of $705,600, which includes a 12% contingency, to provide opiate substance abuse treatment services, for the period of July 1, 2006 through December 31 2007.
** Contract summary*

(3.19) **Central Administration** - Approval to accept and expend funds from the Health Resources and Services Administration (HRSA) Hospital Preparedness Program (Year 4 Funding) in the amount of $565,230.32
**Memo, Grant Information Form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR JULY**
**List of Awardees*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION APPROVING THE DPH SUSTAINABLE FOOD POLICY**
(Christina Carpenter, Health Promotion Consultant, Community Health Promotion and Prevention)
**Policy, Resolution*

7) **FOR DISCUSSION:** **UPDATE ON THE PROGRAM ON HEALTH EQUITY AND SUSTAINABILITY**
(June Weintraub, Sc.D., Environmental Health Section)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity.

For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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President

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, July 18, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Illig called the meeting to order at 3:30 p.m.

Present:
Commissioner James M. Illig, Vice President
Commissioner Edward A. Chow, M.D.
Commissioner Roma P. Guy, M.S.W.
Commissioner Donald E. Tarver, II, M.D.
Commissioner John I. Umekubo, M.D.

Absent:
Commissioner Lee Ann Monfredini, President
Commissioner David J. Sanchez, Jr., Ph.D.

Commissioner Illig wished Tracy Brown, executive director of Tenderloin Health, a speedy recovery from his recent heart attack. Commissioner Illig also acknowledged the passing of Sister Diane Grassilli, President of the Sisters of Mercy Burlingame Region, who died suddenly on Sunday night. Sister Grassilli was an inspiration to many and a shaping force whose love, intellect, leadership and compassion live on in the ministry and people of Catholic Healthcare West.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JUNE 20, 2006

Action Taken: The Commission (Chow, Guy, Illig, Tarver, Umekubo) approved the minutes of the June 20, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Tarver attended the Budget Committee meeting.

The Budget Committee requested that Items 3.1, 3.6, 3.8 and 3.10 be moved from the Approval list to the Discussion and Approval list.

Items for Approval

(3.2) **Central Administration–Policy & Planning** – Request for approval to accept and expend State grant funds, including 46 recurring grants, by the San Francisco Department of Public Health for FY 2006-2007.

(3.3) **PHP–STD Prevention & Control** – Request for approval accept and expend retroactively a three-year grant from the San Mateo Medical Center, to establish an HIV/AIDS Research Center in the Bay Area, in the amount of $360,000, for the period of 7/1/2006 to 6/30/2009, with $110,374 of funding for FY 06-07, of which $161,280 ($53,760 annually) is a sole source contract with UCSF Department of Infectious Disease, for the period of 7/1/2006-6/30/09.

(3.4) **PHP–Newcomers Health Program** – Request for approval accept and expend a grant from the California Department of Health Services, Refugee Health Section, in the amount of $55,000, for the support of the Refugee Preventive Health Program, to manage and follow-up on chronic health conditions among newly arriving refugees, asylees, parolees and victims of trafficking in San Francisco; for the period of July 1, 2006 through June 30, 2007 with expected continuation for four additional years, and which includes a sub-contract with the International Institute of San Francisco in the amount of $28,900 for the same time period.

(3.5) **PHP-Housing & Urban Health** – Request for approval of a contract renewal with North and South of Market Adult Day Health Corporation, in the amount of $466,771, which includes a 12% contingency, to provide adult day health services, tenant support and behavioral health services for frail, former homeless elderly (age 62 and over) residents at the new Mission Creek Senior Community Adult Day Health Center, for the period of July 1, 2006 through December 31, 2007.

(3.7) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with UCSF AIDS Health Project-Mental Health Crisis Services, in the amount of $823,815, which includes a 12% contingency, to provide cognitive impairment services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2008.

(3.9) **BHS** – Request for approval of a contact renewal with the Children's Council of San Francisco, in the amount of $783,745, with an annual contract amount of $195,936, which includes a 12% contingency, to provide mental health consultation to family child care centers targeting providers caring for at-risk children of preschool age, for the period July 1, 2006 through June 30, 2010.

Items for Discussion and Approval

(3.1) **DPH-Primary Care** – Request for approval of a new contract with Shanti, in the amount of $367,604, which includes a 12% contingency, to provide continued services to the Lifelines

program and serve as the fiscal intermediary to the Mammography Van, for the period of July 1, 2006 through June 30, 2008.

Commissioners' Comments

- Commissioner Chow asked staff to provide a breakdown of the gift funds allocated toward this contract and anticipated general fund expenditures.

(3.6) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Latino Commission in the amount of $412,720, which includes a 12% contingency, to provide residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked what factors contributed to the low client satisfaction rating. Marshia Herring, AIDS Office, said the issue was about the format of the client satisfaction survey. The Latino Commission will be reformatting the survey. Commissioner Tarver asked that technical or process issues with client satisfaction be included in the program compliance rating, rather than the Client Satisfaction rating, which should be a reflection only of client satisfaction with the program.

(3.8) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $78,400, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Positive Reinforcement Opportunity Project, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Chow asked why the objective about clients testing negative for methamphetamines was removed from the contract. Ms. Wolf said that the PROP program would not longer be providing this service—it is now being provided through Walden House.

(3.10) **BHS** – Request for approval of a contract renewal with Victor Treatment Centers, Inc., in the amount of $625,465, with an annual contract amount of $372,301, for a total contract of $625,465, which includes a 12% contingency, to provide children's behavioral health services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked how DPH could reduce the length of time youth are in this level of residential care, and what alternatives exist for placing youth in San Francisco facilities. Ms. Chan-Sew said there are specific initiatives to prevent out of home placement. She would be happy to discuss these with Commissioner Tarver. DPH just began a partnership with Westside that is focused on the African American population and will utilize a new approach to dealing with families. With regard to out-of-county placement, there is insufficient capacity in San Francisco to deal with our needs. Commissioner Tarver asked how the Department assures that out-of-county providers are culturally competent for our population. Neal Sternberg, Executive Administrator, Victor Treatment Center, said cultural diversity is very important to them. Staff make up is representative of the local communities where they are located. They spend a lot of time and resources training staff on the range of children that come from all over the State.

(3.11) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Project Open Hand, in the amount of $2,032,698, which includes a 12% contingency, to provide Delivered Meal/Grocery Center services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007.

Secretary's Note – Commissioner Illig abstained from voting on this item.

(3.12) **AIDS OFFICE-HIV Prevention** – Request for approval of a new 2.5-year contract with Tenderloin AIDS Resource Center HIV Prevention Services, in the amount of $420,000, which includes a 12% contingency, to provide Needle Exchange Services for Youth in San Francisco, for the period of July 1, 2006 through December 31, 2008.

Secretary's Note – Ms. Packer stated that, as of July 1, 2006, TARC is officially named Tenderloin Health Continuum of Care.

Commissioners' Comments

- The Budget Committee requested an update to the Population Health and Prevention Joint Conference Committee on the merger between TARC and Continuum.

(3.13) **BHS** – Request for approval of a contract renewal with Huckleberry Youth Programs in the amount of $186,685, with an annual contract amount of $111,121, for a total contract amount of $186,685, which includes a 12% contingency, to provide Early and Periodic Screening, Diagnosis and Treatment mental health services programs for youth, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comment

- Commissioner Chow asked if Huckleberry House is advocating to referring agencies to try to have more African Americans referred to diversion programs rather than detention and incarceration. Mr. Fisher, Executive Director, Huckleberry House, said that the latest data shows that 44% of EPSTD program clients are African American. The agency works closely with the Police Department and Juvenile Probation. This past year, they started to do outreach in the schools.

(3.14) **CHN-SFGHMC Radiology** – Request for approval of two retroactive contract renewals with Medical Contracting Services and The Registry Network, Inc, and new retroactive contracts with On Assignment Healthcare Staffing and Platinum Select, LP, in the shared contract amount of $1,800,000, to provide intermittent, as-needed, professional services of per diem and traveling radiology technologists with seven-day-a-week availability, for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007.

(3.15) **CHN-SFGHMC Nursing Operations** – Request for approval of five retroactive contract renewals with Arcadia Health Services, Inc. dba Arcadia Staff Resources, HRN Services, Inc., Medstaff, Inc., Nurse Providers, Inc. and Professional Resources Enterprises, Inc. dba United Nursing International, in the shared contract amount of $2,700,000, to provide supplemental,

temporary per diem and traveling nursing personnel services for San Francisco General Hospital Medical Center, for the period of July 1, 2006 through June 30, 2007.

- Commissioner Tarver said it seems from the information in the packet that Arcadia has not been performing at the same level as the other contractors. Ms. Digdigan said that last year was the first time Arcadia contracted with the city, and they were learning the ropes about doing business in the city. Arcadia met with her to discuss ways to improve services, and Ms. Digdigan would like to do business with them for one more year.

(3.16) **BHS** – Request for approval of contract renewal with Instituto Familiar de la Raza, Inc., in the amount of $2,771,160, with an annual contract amount of $1,847,440, for a total contract of $2,771,160, which includes a 12% contingency, to provide behavioral health services, for the period of July 1, 2006 through December 31, 2007.

(3.17) **BHS** – Request for approval of contract renewal with Addiction Research and Treatment, Inc., in the amount of $7,474,557, which includes a 12% contingency, with an annual contract amount of $5,581,003, for a total contract of $8,371,504, to provide substance abuse outpatient treatment services, for the period of July 1, 2006 through December 31, 2007.

(3.18) **BHS** – Request for approval of a new contract with BAART Behavioral Health Services, in the amount of $705,600, which includes a 12% contingency, to provide opiate substance abuse treatment services, for the period of July 1, 2006 through December 31 2007.

(3.19) **Central Administration** - Approval to accept and expend funds from the Health Resources and Services Administration (HRSA) Hospital Preparedness Program (Year 4 Funding) in the amount of $565,230.32

Action Taken: The Commission (Chow, Guy, Illig, Tarver, Umekubo) approved the Budget Committee Consent Calendar. Commissioner Illig abstained from voting on Item 3.11. The Commission requested an update on the merger of Tenderloin AIDS Resource Center and Continuum at the Population Health and Prevention Joint Conference Committee.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Health Director, presented the Director's Report.

Health Access Plan

Dr. Katz updated the Commission on the number of important steps forward for the Health Access Program (SF HAP) since he last updated the Commission.

On June 23rd, the Universal Healthcare Council issued its final report to the Mayor. The UHC recommended development and implementation of the SF HAP. (Copies of the report were distributed to the Health Commission and are available for the public at our web site). Following this, the Mayor introduced enabling legislation to implement the SF HAP.

Two weeks ago the Budget Committee of the Board of Supervisors voted to combine Supervisor Ammiano's Workplace Security Ordinance with the legislation enabling the HAP. The Workplace Security Ordinance requires that large and medium-sized businesses pay health care expenditures for its employees. Employers can fulfill these expenditures in a variety of ways including providing commercial insurance or paying into the SF HAP.

The combined ordinance is called the San Francisco Health Care Security Ordinance. The Mayor and Supervisor Ammiano met, and with the help of their staffs and ours, and representatives from labor and business were able to modify the legislation so that both the Mayor and the Supervisor could support it.

Compared to earlier versions of the Workplace Security Ordinance, the new combined legislation increased the number of hours employees would have to work to qualify—from 2 to 12 per week—which will reduce the amount that businesses would have to contribute. The mandate on businesses to pay specified amounts for their workers begins on July 1, 2007 for businesses with more than 50 employees. By April 2008, smaller firms with between 20 and 49 employees would then begin making contributions.

Under the legislation, companies—depending on size—would be required to spend $1.06 or $1.60 per hour per employee toward health care. Companies already offering health coverage but not spending at the minimum level would be required to increase their health expenditures. The legislation would cap at $180 per worker per month, the maximum amount a larger business would need to spend on the employee's health care. Any broader cost increases in the first three years of the plan would be held to an annual rate of 5 percent to give companies more time to adjust.

These changes have increased support for the program in the business community, although concerns are still being raised that the legislation will result in job loss or companies moving out of San Francisco.

Yesterday, the Budget Committee of the Board of Supervisors unanimously approved the authorizing legislation with 5 votes. A detailed explanation of the funding of the SF HAP, including the funding contributed through the employer mandate was distributed to the Health Commissioners, as well as the legislation.

With the legislative intent clarified, we are now ready to move into implementation. As this is a complex program, implementation will require different tasks from different bodies.

The legislation directs the Director of Public Health to convene an advisory Health Access Working Group, with input from the Mayor and the Board of Supervisors. This group will provide expert consultation on setting membership rates, designing the range of benefits and health care services for participants and evaluation utilization, outcomes, and costs.

The City's Office of Labor Standards and Enforcement (OLSE) will be responsible for enforcing the health care expenditures.

The San Francisco Health Plan is establishing a number of committees to develop the infrastructure to enroll, track, and pay providers for delivering services to the members of the SF HAP.

The Health Department will be focused on increasing capacity and reinvisioning its service models so that it can be in the best possible position to take on this new program. The goal is for this program not to be a separate door, but rather to be the way that the Department delivers health care services throughout the department.

To help both the San Francisco Health Plan and the Health Department in implementing this program, the Board of Supervisors allocated $1 million of start up funding. DPH will use its share of this money to increase primary care capacity and the ability to track utilization and outcomes.

Dr. Katz will review the details of the program with the Joint Conference for our Integrated Delivery System and keep the Commission as a whole informed of new developments.

Budget Update

The first hearing to approve the FY 2006-07 budget is before the Board of Supervisor's today. The budget passed out by the Budget Committee includes an increase of $58.6 M from the General Fund. This includes:

- $ 14.8 M - Mayor's Budget,
- $ (1.0 M) - Budget Analyst cuts,
- $10.3 M - Budget Committee Add-backs, and
- $34.5 M - MOU/Inflation/Benefit changes.

Mayor's Budget

The Mayor's Office restored funding associated with the Substance Abuse Residential Rate Equalization and reversed proposed increases in the Pharmacy Co-pay. $15.851 M was added for capital including $11.976 M for the SFGH Rebuilding Planning and EIR and $1.5M for build-out of a civil service laundry. The Mayor's Office also funded $150,000 for HIV support groups and $1.2 M for Medical Respite operating expenses.

Budget Analyst

The Budget Analyst proposed $1.0 M in reductions. They primarily consisted of $418,000 in equipment costs based on updated vendor quotes, reversal of a $257,000 backfill of expiring UASI grants, correction of budgeting errors totaling $229,000. The Department concurred with these reductions.

Budget Committee

The Budget Committee added $10.3 M in General Fund. This included funding for an additional 1% CBO COLA.
Add-backs at SFGH consist of $100,000 for Trauma Center Wrap Around Services, $1.0 M for the Health Access Program, and restoration of the Workers Compensation Clinic.

At LHH, the Committee added $80,000 for Dementia Units and a Healing Patio.

The Public Health add-backs total $3.565 M:

Mission Creek Senior Housing in Mission	359,000
Bed Bug Abatement	63,000
Ryan White Cut Contingency	1,000,000
HIV/AIDS Housing LGBTQ Youth	75,000
HIV/AIDS Services for African American Men	275,000
Comprehensive AIDS Housing Plan	20,000
HIV/AIDS Housing Subsidies	1,000,000
Alternative Medicine for Persons with HIV	108,000
STD Prevention in Castro	132,000
Needle Exchange Services in Haight Ashbury	125,000
AIDS-Intensive Case Mgmt for Methamphetamine Users	250,000
Additional 1% COLA for CBOs	158,451
	3,565,451

Add-backs for Mental Health total $3,497 M:

Trauma Recovery Center	1,154,000
6th Street Drop In Center	635,000
Crisis Response Team	268,000
Victim Relocation Program	500,000
Outreach and Job Placement	80,000
LYRIC/New Leaf Case Management	90,000
Additional 1% COLA for CBOs	770,406
	3,497,406

For Primary Care, add-backs total $341,000:

Senior Medical Social Workers	45,000
Women's' Health Services	200,000
Senior Health Project	40,000
Dimension's Clinic	55,892
	340,892

Substance Abuse add-backs total $864,000:

Drug Overdose Prevention in SRO and Shelters	75,000
Methamphetamine Treatment Reinstatement	200,000
Outpatient Substance Abuse for Women	70,000
Substance Abuse Enhancement for Gay Men and HIV	50,000
Additional 1% COLA for CBOs	469,200
	864,200

In Jail Health, $32,000 was added for an additional 1% COLA for the CBOs.

Asthma Task Force

The Board of Supervisors awarded the Asthma Task Force $102,000 at their add back hearing in June 2005, and the Task Force allocated funds to several of the priority projects of the Strategic Plan, which was then administered by DPH staff. Dr. Katz distributed to the Commissioners a report to the Board of Supervisors showing the spending objectives and outcomes that were achieved this fiscal year. ATF efforts to generate matching funding from other sources are also identified.

Dr. Katz applauds the successful work of the Asthma Task Force and their ability to advocate for patients and their families and are grateful to have them as partners in helping improve the health of the City.

SFGH Associate Administrator for Support Services

Dr. Katz welcomed SFGH's new Associate Administrator for Support Services, Delvecchio Finley. Delvecchio will assume the administrative responsibility for the following hospital departments: Environmental Services, Food Services, Environmental Health and Safety, Security, Disaster Preparedness, Messenger Service, Laundry and Linen Distribution and the Mail Room. His educational background includes a degree in Chemistry from Emory University and a Master of Public Policy degree at Duke University, where he also attained Graduate Certification in Health Policy, Law, and Management.

Prior to accepting this position, Delvecchio was the Division Administrator for several UCSF medical divisions here at SFGH, including the Positive Health Program (HIV/AIDS), Occupational and Environmental Medicine, and Hematology/Oncology.

Dr. Katz thanked Kathy Jung for carrying the double duty of covering for these areas as well as Facility Services. Now that the first phases of the hospital rebuild project have been funded and are getting underway, Kathy will take the lead for the Department in directing these activities. She will also continue to have administrative responsibility for Facility Services, Bio-Medical Engineering, and Materials Management.

The Department is pleased to have Delvecchio join the hospital's Executive Staff and look forward to having him as part of our team. Please join me in welcoming Delvecchio.

Reaching Youth in Bayview Hunters Point
Dr. Katz distributed reprint from UCSF's Newsbreak publication featuring Dr. Mark Ghaly and the work he and a number of pediatric residents from UCSF School of Medicine are doing in Bayview Hunters Point. Dr. Ghaly and his colleagues are filling an important pediatrician gap in a community whose children face a number of health challenges such as higher rates of asthma and exposure to violence. As the Commissioners knows, Dr. Ghaly is continuing this important work in the Bayview as Medical Director at Southeast Health Center.

Dr. Dan Receives John F. Murray Award
Congratulations to Dr. "Dan" Wlodarczyk who received this year's John F. Murray Award recognizing a member of the UCSF faculty for academic excellence and dedication to the humanitarian mission of San Francisco General Hospital. This award was established in 2003 and solicits nominations from Medicine faculty based at SFGH and Medicine residents. Among the many accolades from his colleagues, Dr. Dan was noted for his compassion, his gift as a teacher and healer, and his reputation as a role model for young residents.

Robert Perry Retires
Dr. Katz noted the retirement of Robert Perry, who has been an employee with the City and County of San Francisco for 22 ½ years. Robert was one of two originating Revenue Analysts assigned to the Patient Accounting department in 1990 to start the Revenue Enhancement Unit. The Unit expanded the hospital and clinic's ability to charge for their services. On the first year of the Revenue Enhancement Unit, SFGH revenues increased from $4 million to $20 million. Today SFGH continues to generate millions of dollars in additional revenue due to the hard work and diligence of Robert Perry.

Robert's background as an RN and work experience with healthcare payers such as Blue Cross and Blue Shield have made him a valuable asset to the Dept of Public Health. Robert leaves with our thanks for many years of excellent service to the Department and our best wishes for a happy, healthy and successful retirement.

The Commission presented Mr. Perry with a retirement certificate.

Community Health Network, San Francisco General Hospital, July 2006 Credentials Report

	07/06	07/06 to 07/06
New Appointments	18	18
Reinstatements	0	0
Reappointments	44	44
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	20	20
Disciplinary Actions	0	0

Restriction/Limitation-Privileges	0	0
Deceased	1	1
Changes in Privileges		
Additions	5	5
Voluntary Relinquishments	6	6
Proctorship Completed	5	5
Proctorship Extension	0	0
Current Statistics – as of 07/1/06		
Active Staff	461	
Courtesy Staff	569	
Affiliate Professionals (non-physicians)	199	
TOTAL MEMBERS	1,229	
Applications In Process	52	
Applications Withdrawn Month of July 2006	2	2 (07/06 to 07/06)
SFGH Reappointments in Process Aug. 2006 to Nov. 2006	192	

Commissioners' Comments

- Commissioner Illig said that at today's Board of Supervisors meeting, Commissioner Ammiano thanked Dr. Katz for helping make the Health Access program a reality. The Commission thanks him as well.

- Commissioner Guy thanked everyone for their hard work on the Health Access Program. This is a wonderful resource for San Francisco.

- Commissioner Chow is pleased that this very complicated program, which gives the ability to offer the opportunity for care to all San Francisco workers, has come to fruition. In the absence of nationwide action on health care access for all, local and region-wide solutions seem to be the answer. The challenge now is to show that the theoretical can become functional. San Francisco is the city that knows how.

- Commissioner Umekubo said this is a proud moment for our city, and demonstrates how progressive San Francisco is.

- Commissioner Tarver congratulated all parties for this groundbreaking effort. He also commended Dr. Katz and the citizenry that advocated on behalf of health care for the successful budget. He personally pledged to help implement the Health Access program. He is confident that the Department can meet the objectives, but he is apprehensive about how CBHS will move along with this effort.

- Commissioner Illig said that now that the legislation is adopted, the responsibility for implementing moves to the Health Department. This is not just politics. This is a transformative experience for health care in San Francisco. Some of the implementation issues will be discussed at the Joint Conference Committee, but Commissioner Illig would like regular updates to the Commission as well.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR JULY

This presentation was continued to the August 15, 2006 Health Commission meeting.

6) CONSIDERATION OF A RESOLUTION APPROVING THE DPH SUSTAINABLE FOOD POLICY

Christina Carpenter, Health Promotion Consultant, Community Health Promotion and Prevention, presented an overview of the proposed DPH Sustainable Food Policy. The purpose of the policy threefold: raise awareness about sustainable food systems and nutrition; promote nutritious and sustainable food practices; and encourage food at DPH activities that conveys respect and thoughtfulness for clients and colleagues. Sustainable foods criteria: locally produced, organic, fair trade, minimally processed, humanely raised, vendor participates in SF Green Business program and vendor is MBE/WBE/LBE.

The proposed policy addresses:

- Food at events and programs: Provide one nutritious and fresh fruit/veggie option and water and/or 100% juice option; for sustainable foods, website based guidelines for employees that rate vendors ability to meet criteria at www.sfdph.org/foodpolicy.

- Institutional food service: within six months to a year, develop a 3-5 year procurement plan that increasingly integrates sustainable food criteria outlined in this policy; report on implementation of the plan within one year and on a regular basis thereafter.

- Contractors: Bids/RFAs involving institutional food service subcontractor requirements: provide foods meeting nutritional guidelines; create workgroup of CBOs and DPH to develop a procurement plan to increasingly integrate sustainable foods; report on plan implementation in one year and regularly.

Public Comment

- Peggy Da Silva, Veritable Vegetable, said her organization is a women-owned business operating out of the Southeast sector of the city that provides food in the city. As a wholesaler, they would be happy to help San Francisco provide sustainable fruits and vegetables. It is easy to buy and sell organic—you just need the will to do it.

- Sean Brooks, Director of Programs, San Francisco Food Bank, said the Food Bank's concern is that the proposed policy will increase the incidence of hunger in our community. The Food Bank provided 25 million pounds of food to low income individuals and families last year. The policy should provide clear guidelines and expectations prior to implementation, and not leave it to the non profits to develop the implementation plan. Mr. Brooks submitted a letter (on file in the Health Commission office).

- Project Open Hand submitted a letter regarding the proposed policy (on file in the Health Commission office).

Commissioners' Comments

- Commissioner Guy said that the staff is trying to do a paradigm shift. This is a new process, and details need to be worked out. The staff is asking the Health Commission to approve these guidelines and give support to this direction. There is good research and understanding about the relationship between food and health. She agrees with some of the concerns that have been raised. That said, DPH is not trying to ram this policy down people's throats.

- Commissioner Illig commended Ms. Carpenter and Ms. Hennessey-Lavery for their willingness to sit down with him to talk about the contractor piece of the policy. Project Open Hand is committed to serving food to very poor people. The organization is committed to providing fresh food to their clients. But they serve 2,500 meals a day. He is supportive of starting the conversation about healthy foods, and noted that these are guidelines. Contractors are going to be looking to the institutional food providers to see if vendors are willing to comply.

- Commissioner Chow asked if the Health Commission approves all Department policies, or whether these policies are adopted administratively. Dr. Katz said the Health Commission has approved some, but not all, Health Department policies. Commissioner Chow suggested that, as it says in the resolution, the Health Commission is approving the overall policy, and not the policy and procedures.

- Commissioner Tarver said the resolution should direct the Department to develop procedures with certain caveats. The policy should incorporate ethnically and culturally appropriate foods. Commissioner Tarver raised many challenges to individuals and families accessing healthy, sustainable and locally grown food. Commissioner Tarver offered the following amendment, which was accepted by the Commission: "And be it Further Resolved, that the Health Commission directs the Department to implement the policy with attention to the medical and cultural needs of our diverse populations as well as the costs and access factors that influence accessibility to healthier food."

Action Taken: The Health Commission (Chow, Guy, Illig, Tarver, Umekubo) approved Resolution 11-06, "Adopting the DPH Healthy and Sustainable Food Policy," as amended (Attachment A).

7) UPDATE ON THE PROGRAM ON HEALTH, EQUITY AND SUSTAINABILITY

June Weintraub, Sc.D., Environmental Health Section, presented an update on the Environmental Health Section's Program on Health, Equity and Sustainability (PHES). The programs that fall under PHES are tied together by a common mission: to advance urban health and social and environmental justice through ongoing integration of local government and community efforts and through valuing the needs, experiences and knowledge of diverse San Francisco residents. PHES's major programs are: Food Systems; Children's Environmental Health Promotion; Workers' Rights (Jornaleros Unidos con el Pueblo); Water Epidemiology; and Community Planning. Dr. Weintraub highlighted accomplishments and activities from each of these areas.

Dr. Weintraub described the Healthy Development Measurement Tool, which is one of the Community Planning programs. The goal of this innovative program is to support more accountable, evidence-based and health-oriented planning and policymaking. The tool provides land use planners, public agencies and community stakeholders with a set of metrics to assess the extent to which urban development projects, plans and policies affect health. The next steps for the development of the tool are to edit the tool based on City Agency and technical expert comments, develop the tool methodology, pilot the tool and develop web-based functionality.

Dr. Weintraub also described Chloramine Conversion Support, which is one of the Water Epidemiology programs. DPH worked with the San Francisco PUC when the PUC converted to chloramine in February 2004. DPH provided an extensive informational Q&A, a NDMA white paper and an NDMA fact sheet. DPH investigated health concerns regarding dermatitis.

Commissioners' Comments

- Commissioner Chow commended the presentation. He heard a preliminary presentation at the Population Health and Prevention Joint Conference Committee. This is a cutting edge area for public health, at not a very high expense.

- Commissioner Guy added that, through the Population Health and Prevention Joint Conference Committee, the Health Commission is really trying to educate people that this is public health, and trying to emphasize aspects of this section of DPH's work. This program is central to public health in terms of prevention.

- Commissioner Tarver appreciates the report. What is the status of the farm at Laguna Honda Hospital? Mr. Kanaley said that the farm is being developed. Dr. Bhatia added that EHS is working with Laguna Honda to see that the farm could be sustainable. Commissioner Tarver asked if the SFGH rebuild could be developed as a green building. He asked if there have been any additional reports on chloramine. Dr. Weintraub said that there have not been additional reports, but people who filed the original complaints continue to make reports.

- Commissioner Umekubo asked about the relationship between chloramine and fish toxicity. Dr. Weintraub said that the chloramine could react with fishes' hemoglobin, which affects their ability to carry oxygen. The PUC de-chloraminates the water before dumping it into any large bodies of water. It is a very complex system.

- Commissioner Illig reminded the Commission that the first Health Impact Assessment was presented to the Living Wage Task Force when he was chair of that body. He asked if EHS has made presentation to other commissions. Dr. Bhatia said the Planning Commission has been aware that EHS is developing this tool for the Eastern Neighborhoods Initiative. There has been one presentation to the Planning Commission. They will go back to the Planning Commission once they have done a pilot test of the Healthy Development Measurement Tool. It would be helpful to have a forum on the relationship between health and land use planning, one that is not project specific. He would be happy to facilitate such a forum, and asked the Health Commission to outreach to colleagues on other commissions.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) ADJOURNMENT

The meeting was adjourned at 5:30 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 11-06

ADOPTING THE DPH HEALTHY AND SUSTAINABLE FOOD POLICY

WHEREAS, the San Francisco Department of Public Health (SFDPH) has a special responsibility as a health promotion organization whose mission is to protect and promote the health of all San Franciscans; and

WHEREAS, SFDPH recognizes that healthy people and healthy environments result from a healthy food system in which everyone has access to affordable, nutritious and culturally appropriate food; and

WHEREAS, SFDPH recognizes the importance of attending to the source and production practices of food in order to maximize safety and nutritional benefits for the consumer, health and safety for the farm worker or food producer, preservation of natural resources, and long-term sustainability of the community's food supply; and

WHEREAS, SFDPH recognizes the direct link between sustainable foods and health; especially, organic produce and nutritional quality; antibiotic use in livestock and antibiotic resistance in health care; and general health concerns concerning pesticide exposure; and

WHEREAS, a healthy food system involves people producing, distributing, consuming and recycling waste in a way that respects the principles of social justice, democracy and environmental sustainability; and

WHEREAS, increasingly, public and private workplaces are adopting policies to encourage staff and client access to fresh, nutritious foods as outline in nutrition guidelines and as part of a comprehensive approach to health promotion and prevention; and

WHEREAS, increasingly, foods that are fresh, nutritious, sustainably and locally produced are also affordable; and

WHEREAS, the Health Commission endorsed the Childhood Nutrition and Physical Activity Task Force Recommendations and supported the Strategic Alliance Taking Action Principles, both of which include policies for healthy food and worksite policies; and

WHEREAS, promoting health and wellness at the worksite is a priority of The Mayor's Challenge: Shape Up San Francisco (Executive Order 05-111); and

HEALTH COMMISSION
City and County of San Francisco
Resolution No. 11-06 (continued)

WHEREAS, the City and County of San Francisco has adopted the Sustainability Plan for the City of San Francisco (Resolution No. 692-97, passed July 1997), a resolution on genetically-engineered food (Resolution No. 1070-00, passed December 2000), the Precautionary Principle (Resolution No. 129-03, passed March 2003); the Organic Certified Goods Resolution (No. 532-05, file # 051267, passed 7/12/05); the Sweatfree Contracting Ordinance (file # 051257, passed 9/13/05); the Fair Trade Certified Goods Resolution (No. 533-05, file # 051268, passed 7/12/05); and the Urban Environmental Accords (signed by Mayor in June 2005); all of which provide product procurement goals and guidelines that will contribute to healthy, sustainable food systems; and

WHEREAS, SFDPH inspires choices in food consumption that encourage personal, community and environmental health and well-being; now, therefore, be it

RESOLVED, that the Health Commission adopts the DPH Healthy and Sustainable Food Policy, and be it

FURTHER RESOLVED, that the Health Commission directs the Department to implement the policy with attention to the medical and cultural needs of our diverse populations as well as the costs and access factors that influence accessibility to healthier food.

I hereby certify that the Health Commission at its meeting of July 18, 2006, adopted the foregoing resolution.

Michele M. Seaton
Secretary to the Health Commission

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, August 15, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 18, 2006**
**Minutes of the meeting of July 18, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

3.1 AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with AIDS Legal Referral Panel, in the amount of $213,724, which includes a 12% contingency, to provide legal services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.2 PHP-EHS & OPP – Request for approval of a contract modification to increase the contract with Industrial Emergency Council, by $42,000, for a new amount of $101,900 which includes a 12% contingency, to provide Chemical, Biological, Radiological and Nuclear first responder training for health care workers in San Francisco, for the period of June 19, 2006 through November 31, 2006. (6 months)
* Contract summary

3.3 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Lutheran Social Services, in the amount of $186,855, which includes a 12% contingency, to provide supportive services and case management to residents of the Hazel Betsey site, for the period of March 1, 2006 through December 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.4 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $999,382 which includes a 12% contingency, to provide supportive and case management services, for the DAH tenants at the Star and Camelot Hotels, for the period of March 1, 2006 through December 31, 2007. (1.8 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.5 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Black Coalition on AIDS, in the amount of $622,369, which includes a 12% contingency, to provide support services, case management and groups at the Brandy Moore House, a transitional housing program, for the period of March 1, 2006 through December 31, 2007. (1.8 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.6 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $779,810 which includes a 12% contingency, to provide supportive services at the Derek Silva Community, a supportive housing site, for the period of March 1, 2006 through December 31, 2007. (1.8 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.7 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $876,157, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2006 through August 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.8 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $122,573, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low income adults who have disabling AIDS/HIV and substance abuse concerns, for the period of March 1, 2006 through August 31, 2007. (1.5 yrs)

* Contract summary, Monitoring report summary, Client demographic information form

3.9 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Larkin Street Youth Services, in the amount of $972,945, which includes a 12% contingency, to provide comprehensive housing and attendant care services for young adults 18 to 25 years of age, for the period of March 1, 2006 through August 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.10 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Ark of Refuge, Inc., in the amount of $506,964, which includes a 12% contingency, to provide residential substance abuse treatment at Restoration House for HIV-positive women and transgender women of color, for the period of March 1, 2006 through December 31, 2007. (1.8 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.11 AIDS Office-HIV Prevention – Request for approval of a retroactive renewal contract with UCSF Positive Health Program, in the amount of $166,936, which includes a 12% contingency, to provide HIV prevention services, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.12 AIDS Office-HIV Health Services – Request for approval of a retroactive renewal contract with Immune Enhancement Project, in the amount of $232,156, which includes a 12% contingency, to provide complementary therapy services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.13 PHP – Environmental Health Section - Request for approval to accept and expend a grant from the California Department of Transportation, in the amount $98,000, in support of a two-year project for a community-based transportation plan to foster neighborhood and project design that enables more walking and biking for a healthier Treasure Island, for the period of January 1, 2007 to January 1, 2009.
* Grant summary

3.14 PHP – AB 75 Project - Request for approval to accept and expend retroactively a grant allocation in the amount of $1,495,565, from the California Healthcare for Indigents Program (CHIP), State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the period of July 1, 2006 to June 30, 2007.
* Grant summary

3.15 BHS – Request for approval of a contract renewal with Brainstorm Tutoring, in the amount of $134,000, which includes a 12% contingency, for an annual amount of $80,000, to provide tutoring and education counseling services through the Family Mosaic Project, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs.)
* Contract summary, Monitoring report summary, Client demographic information form

3.16 BHS – Request for approval of a contract renewal with RISE Institute, in the amount of $287,280, which includes a 12% contingency, for an annual amount of $171,000, to provide an after school program through the Family Mosaic Project, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs.)
* Contract summary, Monitoring report summary, Client demographic information form

Items for Discussion and Approval

3.17 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $2,749,132, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2006 through December 31, 2007. (1.8 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.18 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with John Stewart Company, in the amount of $2,280,889, which includes a 12% contingency, to provide property management services serving the Direct Access to Housing sites, for the period of July 1, 2006 through June 30, 2007. (1 yr)
* Contract summary, Monitoring report summary

3.19 PHP-Housing & Urban Health – Request for approval of a new contract with Citizens Housing Corporation, in the amount of $226,505, which includes a 12% contingency, to provide supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of October 1, 2006 through June 30, 2007. (8 mos.)
* Contract summary

3.20 AIDS Office-HIV Prevention – Request for approval of a new contract with Instituto Familiar de la Raza, in the amount of $126,140, which includes a 12% contingency, to provide HIV prevention – HERR (Health Education and Risk Reduction) services for youth, for the period of August 1, 2006 through December 31, 2007. (1.4 yrs)
* Contract summary, Monitoring report summary, Client demographic information form

3.21 BHS – Request for approval of a contract renewal with Baker Places, Inc., in the amount of $8,824,716 for a total contract of $9,883,682, which includes a 12% contingency to provide mental health services, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs.).
* Contract summary, Monitoring report summary, Client demographic information form

3.22 BHS – Request for approval of a contract renewal with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $8,150,700 per year, for a total contract amount of $9,128,784, which includes a 12% contingency, to provide fiscal intermediary services for the period, of July 1, 2006 through June 30, 2007. (1 yr.)
* Contract summary, Monitoring report summary, Client demographic information form

3.23 BHS – Request for approval of a contract renewal with Crestwood Behavioral Health, Inc., in the total amount of $9,000,000, to provide 24-hour skilled nursing facility services, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs.).
* Contract summary, Monitoring report summary

3.24 BHS – Request for approval of contract renewal with Mental Health Management I, Inc., dba Canyon Manor, in the amount of $4,052,572 per year for a total contract amount of $9,077,761 for two years, which includes a 12% contingency to provide 24-hour, locked mental health rehabilitation services, for the period of July 1, 2006 through June 30, 2008. (2 yrs.)
* Contract summary, Monitoring report summary, Client demographic information form

3.25 Central Administration – Annual Report of Gifts Received in FY 2005-2006.
* Report

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR AUGUST**
**List of Awardees*

6) **FOR DISCUSSION:** **HEALTH ACCESS PROGRAM UPDATE**
(Mitchell H. Katz, M.D., Health Director)
**Update*

7) **FOR DISCUSSION:** **4th QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $85,000 IN JOHN AND JUDITH BOVIO v. CCSF, SAN FRANCISCO SUPERIOR COURT, No. 436946

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

Meetings are held in the Auditorium, Room #300, at 101 Grove Street, in San Francisco, CA. The Auditorium is wheelchair accessible through the Grove Street entrance. The closest accessible station for Muni and BART is the Civic Center station. The nearest accessible BART station is Civic Center (Market/Grove/Hyde Streets). Accessible MUNI Metro lines are the J, K, L, M, and N (Civic Center or Van Ness Stations). MUNI bus lines serving the area are the 47 Van Ness, 9 San Bruno, and the 6, 7, 71 Haight/Noriega. For more information about MUNI accessible services, call (415) 923-6142. For information about MUNI services, call 673-6864. There is accessible parking in the vicinity of City Hall at Civic Center Plaza and adjacent to Davies Hall and the War Memorial Complex. Accessible curbside parking is available on Dr. Carlton B. Goodlett Place and Grove Street and at the southwest corner of Grove and Polk Streets.

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA

94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

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Executive Secretary

Tel. (415) 554-2666
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Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

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Tuesday, August 15, 2006
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

/06

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

Present: Lee Ann Monfredini, President (left at 5:30 p.m.)
James M. Illig, Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
David J. Sanchez, Jr., Ph.D., (left at 5:30 p.m.)
Donald E. Tarver, II, M.D.
John I. Umekubo, M.D.

President Monfredini announced that the September 5th Health Commission meeting has been rescheduled to September 12th, 3:00 p.m.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF JULY 18, 2006

Action Taken: The Health Commission approved the minutes from the July 18, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired, and Commissioner Chow and Commissioner Tarver attended, the Budget Committee meeting. The Budget Committee requested that the following items be moved from the Approval calendar to the Discussion and Approval calendar: 3.5, 3.6, 3.8, 3.12, and 3.14.

Items for Approval

(3.1) AIDS Office-HIV Health Services – Request for approval of a retroactive contract renewal with AIDS Legal Referral Panel, in the amount of $213,724, which includes a 12% contingency, to provide legal services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007.

(3.2) PHP-EHS & OPP – Request for approval of a contract modification to increase the contract with Industrial Emergency Council, by $42,000, for a new amount of $101,900 which includes a 12% contingency, to provide Chemical, Biological, Radiological and Nuclear first responder training for health care workers in San Francisco, for the period of June 19, 2006 through November 31, 2006.

(3.3) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Lutheran Social Services, in the amount of $186,855, which includes a 12% contingency, to provide supportive services and case management to residents of the Hazel Betsey site, for the period of March 1, 2006 through December 31, 2007.

(3.4) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $999,382 which includes a 12% contingency, to provide supportive and case management services, for the DAH tenants at the Star and Camelot Hotels, for the period of March 1, 2006 through December 31, 2007.

Secretary's Note – Commissioner Tarver abstained from voting on this contract.

(3.7) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $876,157, which includes a 12% contingency, to provide partial rent subsidy and housing advocacy services through the Assisted Housing Program, for the period of March 1, 2006 through August 31, 2007.

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(3.11) AIDS Office-HIV Prevention – Request for approval of a retroactive renewal contract with UCSF Positive Health Program, in the amount of $166,936, which includes a 12% contingency, to provide HIV prevention services, for the period of July 1, 2006 through December 31, 2007.

(3.13) PHP – Environmental Health Section - Request for approval to accept and expend a grant from the California Department of Transportation, in the amount $98,000, in support of a two-year project for a community-based transportation plan to foster neighborhood and project design that enables more walking and biking for a healthier Treasure Island, for the period of January 1, 2007 to January 1, 2009.

(3.15) BHS – Request for approval of a contract renewal with Brainstorm Tutoring, in the amount of $134,000, which includes a 12% contingency, for an annual amount of $80,000, to provide tutoring and education counseling services through the Family Mosaic Project, for the period of July 1, 2006 through December 31, 2007.

(3.16) BHS – Request for approval of a contract renewal with RISE Institute, in the amount of $287,280, which includes a 12% contingency, for an annual amount of $171,000, to provide an after school program through the Family Mosaic Project, for the period of July 1, 2006 through December 31, 2007.

Items for Discussion and Approval

(3.5) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Black Coalition on AIDS, in the amount of $622,369, which includes a 12% contingency, to provide support services, case management and groups at the Brandy Moore House, a transitional housing program, for the period of March 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Chow is concerned by comments in the monitoring report that it will take some time for the agency to turn things around financially. Black Coalition on AIDS is an important agency, and he wants to make sure the agency is taking steps to resolve fiscal issues. Yvonne Watson, Black Coalition on AIDS CFO, said there is a new administration, cost-cutting measures have been instituted and there is an aggressive fundraising policy. This has allowed them to reduce the accumulated deficit. The agency does not have an operating deficit. Commissioner Chow asked for a six-month report to the Budget Committee to make sure this progress continues.

(3.6) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $779,810 which includes a 12% contingency, to provide supportive services at the Derek Silva Community, a supportive housing site, for the period of March 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver said Housing and Urban Health has very well defined housing objectives. He asked how this level of detail could be applied to supportive housing services. For example, what would be the most appropriate outcomes for case management and how would they be measured. He would like staff to develop outcomes for future combined contracts.

(3.8) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Walden House, Inc., in the amount of $122,573, which includes a 12% contingency, to provide supportive services in a permanent housing environment at the Planetree Program, targeting very low income adults who have disabling AIDS/HIV and substance abuse concerns, for the period of

March 1, 2006 through August 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked Walden House to consider the same question about developing objectives for supportive housing. Donald Frazier from Walden House said they could report and develop outcomes for the work that they do. The work is already being done.

(3.12) AIDS Office-HIV Health Services – Request for approval of a retroactive renewal contract with Immune Enhancement Project, in the amount of $232,156, which includes a 12% contingency, to provide complementary therapy services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Chow is concerned that some very good objectives will be revised in the next contract. What are the revisions going to entail? Francine Austin, DPH program manager, said the agency submitted its report yesterday, and came very close to meeting this objective. The reason this objective is being revised is to make it more congruent to how the clinical staff interacts with the patient. The goal is to improve the outcome objectives.

(3.14) PHP – AB 75 Project - Request for approval to accept and expend retroactively a grant allocation in the amount of $1,495,565, from the California Healthcare for Indigents Program (CHIP), State Department of Health Services, to provide reimbursement for health services delivered to indigent persons, for the period of July 1, 2006 to June 30, 2007.

Commissioners' Comments

- Commissioner Chow asked what method is used to decide the split between the county side and the private side, and then how is it decided what specialties and services are funded. Mr. Leong said the funding for the hospitals is what is before the Commission today, not the funding for physicians. That funding comes from a separate pot. The hospital funds are allocated in accordance to state rules in accordance with levels of uncompensated care that is provided. For the physicians fund, 80% of funds are available to community physicians and 20% of funds go to UC doctors that work at San Francisco General Hospital. Commissioner Chow said there is a perception that this funding is no longer available, so more outreach should be done about its availability.

(3.17) PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Baker Places, Inc., in the amount of $2,749,132, which includes a 12% contingency, to provide residential treatment, supportive services, continuing care services and rental subsidies for persons with HIV/AIDS, substance use and mental health issues, for the period of March 1, 2006 through December 31, 2007.

Secretary's Note – Commissioner Tarver abstained from voting on this contract.

(3.18) PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with John Stewart Company, in the amount of $2,280,889, which includes a 12% contingency, to provide property management services serving the Direct Access to Housing sites, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Tarver commended the agency for the Units of Service that have been achieved over the years.

(3.19) PHP-Housing & Urban Health – Request for approval of a new contract with Citizens Housing Corporation, in the amount of $226,505, which includes a 12% contingency, to provide supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of October 1, 2006 through June 30, 2007.

Secretary's Note – This contract was continued to the next Health Commission meeting.

(3.20) AIDS Office-HIV Prevention – Request for approval of a new contract with Instituto Familiar de la Raza, in the amount of $126,140, which includes a 12% contingency, to provide HIV prevention – HERR (Health Education and Risk Reduction) services for youth, for the period of August 1, 2006 through December 31, 2007.

(3.21) BHS – Request for approval of a contract renewal with Baker Places, Inc., in the amount of $8,824,716 for a total contract of $9,883,682, which includes a 12% contingency to provide mental health services, for the period of July 1, 2006 through December 31, 2007.

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(3.22) BHS – Request for approval of a contract renewal with Calvin Y. Louie, CPA dba Louie & Pak, LLP, in the amount of $8,150,700 per year, for a total contract amount of $9,128,784, which includes a 12% contingency, to provide fiscal intermediary services for the period, of July 1, 2006 through June 30, 2007.

Secretary's Note – Commissioner Tarver abstained from voting on this contract.

(3.23) BHS – Request for approval of a contract renewal with Crestwood Behavioral Health, Inc., in the total amount of $9,000,000, to provide 24-hour skilled nursing facility services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver noted that there is a continuing discussion within DPH about how to move people to the appropriate level of care, prevent people from going into ADUs, being placed out of county, and other long-term care issues. He looks forward to this being discussed at the Community Health Network Joint Conference Committee. Commissioner Tarver asked for information about each individual Crestwood facility, not just the aggregate information. Staff will be able to do this.

(3.24) BHS – Request for approval of contract renewal with Mental Health Management I, Inc., dba Canyon Manor, in the amount of $4,052,572 per year for a total contract amount of $9,077,761 for two years, which includes a 12% contingency to provide 24-hour, locked mental health rehabilitation services, for the period of July 1, 2006 through June 30, 2008.

Commissioners' Comments

- Commissioner Tarver asked if the Alternatives program has made a difference in the number of African American men that are institutionalized at Canyon Manor. Alan Jamison, Program Director from Canyon Manor, said that the African American male population in their community is extensive and the Alternatives program has been successful.

(3.25) Central Administration – Annual Report of Gifts Received in FY 2005-2006.

Commissioners' Comments

- Commissioner Sanchez thanked the trustees that serve on the foundations for their hard work in raising these funds.

At the Health Commission meeting, Commissioner Sanchez asked Mr. Sass to update the Commission about the application of the COLA that was approved by the Board of Supervisors to DPH contracts. Mr. Sass said the budget includes a 3% COLA for general fund programs. This has been allocated to the various DPH divisions in accordance to their portion of general fund dollars. Each division is allocating the COLA based on various criteria. Mr. Sass reiterated that the COLA is available to general fund contracts, not grant contracts. Commissioner Illig asked that the criteria be public and consistent within the divisions, so that agencies know what to expect. Mr. Sass noted that the contracts that were approved by the Health Commission today were prepared prior to the budget being approved by the Board of Supervisors. The 12% contingency provides the mechanism for modifying these contracts to reflect a COLA increase.

Action Taken: The Commission approved the Budget Committee Consent Calendar. Commissioner Tarver abstained from voting on Items 3.4, 3.17, 3.21 and 3.22. Item 3.19 was continued to the next Health Commission meeting.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., presented the Director's Report.

New Human Resources Director

Dr. Katz announced that Elizabeth M. Jacobi has accepted the position of DPH Director of Human Resources, replacing Ed Gazzano who retired in July. Elizabeth comes to us from the Department of Human Resources, City and County of San Francisco, where she is currently on assignment as the Appeals Coordinator. She has also served as Assistant Manager of the EEO Division and was an attorney specializing in civil litigation practice with a local private firm. Elizabeth received her BA at University Of Virginia and her law degree from the College of William and Mary.

She brings extensive experience in Civil Service, employment law and collective bargaining agreements and conflict resolution.

Dr. Katz thanked Bob Thomas who is serving as Acting Director for the Department until Ms. Jacobi moves to DPH in September.

AIC Voted Best Place To Get Shots

Dr. Katz reported that the Adult Immunization (and Travel) Clinic was just voted the "Best Place to Get Shots" by the Bay Guardian readers. Following is the full text from the August 2, 2006 "Best of the Bay" issue.

SAN FRANCISCO BAY GUARDIAN, August 2, 2006
Best Place to Get Shot(s)

Where on earth do you think you're going? And why weren't we invited? If your travel plans require a passport, the item on the tippy top of your to-do list should be a visit to the San Francisco Department of Public Health's **Adult Immunization and Travel Clinic.** While some private travel clinics seem to specialize in the jab-and-run, this attractive nonprofit clinic makes sure you have all the info you need. Whether you're nervous about the side effects of malaria drugs, wondering about altitude sickness, or figuring out which countries require yellow fever vaccination certification, the caring staffers will take the time to answer your questions. So get all your vaccines for a reasonable price, pick up a cache of antibiotics in case of the stomach nasties, and browse the clinic's library of Lonely Planet guidebooks. Don't wait until the last minute; illness makes a lousy souvenir.

101 Grove, Room 102, SF. (415) 554-2625, www.dph.sf.ca.us/aic.

Mental Health Services Act Update

The MHSA Advisory Committee will be holding a community forum to receive broad community input on mental health issues on August 30th from 3-5 p.m. in the Bayview at the Southeast Community Center.

CBHS has completed the review of 28 applications from 16 agencies that were submitted in response to a Request For Proposal (RFP) for services that will be funded through the Mental Health Services Act. The results of this review were distributed the week of August 7th. Contract negotiations are beginning and we hope to have this process completed and services initiated by early October. The RFP review process included significant participation by community members interested in MHSA; 30% of the total review panel members were community representatives.

Environmental Sampling Exercise

The Environmental Health Section and the Public Health Lab collaborated on an environmental sampling drill as part of DPH's bioterrorism prevention planning. This environmental sampling technique will be used to evaluate areas of contamination in the event of a large-scale release of a bioterrorism agent. The EHS Hazardous Materials Emergency Responders tested new sampling equipment and methods, used sterile sampling techniques, and practiced crime scene evidence collection procedures while wearing full personal protective equipment. The Lab's Chief Microbiologist provided control specimens to evaluate the effectiveness of different sampling methods, and will analyze the samples using recently acquired Polymerase Chain Reaction (PCR) technology. The samples will be analyzed using a new series of analytical reagents for a number of CDC Category A and B bioterrorism agents that are also naturally occurring in the environment, which will provide useful background data to DPH in the event of a potential bioterrorism incident in San Francisco.

Bedbug Hearing

Last week the Bureau of Environmental Health held a public hearing on the Department's new rules and regulations for the control of bed bug infestations in the City. The hearing focused on owners and mangers of all Single Room Occupancy (SRO) hotels and pest control companies licensed to do business in the City. Over 150 individuals were in attendance. Representatives from community based organizations, the Department of Tourism and tenant advocates also attended. Staff answered questions and presented the new regulations which included prevention requirements, training for hotel staff, reporting and responding procedures, managing infested furniture and materials, and tenants' responsibilities for prevention and control.

The new regulations recognize that effective control of bed bugs requires an integrated pest control method involving everyone who has an interest in their eradication such as hotel owners, building management companies, tenants, pest control companies and a number of City agencies.

Oyster Warning

Earlier this month and in conjunction with the California Department of Health Services, San Francisco Department of Public Health issued a media alert to warn the public of the potential for contracting *Vibrio parahaemolyticus* (Vibrio) through the consumption of raw oysters from Washington State. Both the State and the City have seen an increase in the number of reported cases of Vibrio beginning in late July.

Vibrio is a bacterium common to saltwater environments. Generally, the level of this pathogen is low in the ocean, but it can increase when water temperatures rise during the summer months. Inadequate refrigeration following harvest, transport and storage may also allow the bacteria to multiply to levels that may cause illness when oysters are eaten raw or are under cooked. Symptoms, which generally begin one day after eating contaminated food, can include watery diarrhea, often accompanied by cramping, nausea, vomiting, fever and chills. Most individuals recover without treatment within several days. Severe cases may require medical treatment, but infections are rarely fatal. Individuals who are at high risk of severe illness include those with chronic liver disease, cancer, AIDS or other conditions that weaken or compromise the immune system. The majority of cases are not life threatening in the general population.

The Department will continue to monitor the number of cases of Vibrio reported locally and will respond with additional warnings and public outreach if needed.

Sign the Steel Beam Party

We will be celebrating a construction milestone for the Laguna Honda Hospital Replacement Project with a "Sign the Steel Beam Party" in mid-September.

Now that the steel frames are up, it gives us the opportunity to invite LHH residents, their families, staff, volunteers, the Mayor, the Health Commission, Board of Supervisors, neighbors, and community supporters to sign their names on two steel beams before they are hoisted into the new buildings. Having this party is our way of thanking everyone for helping us reach this milestone and signing the steel beams is also symbolic of "signing off on the new hospital." This party will be a great opportunity for the hospital and will send a positive statement to the community that we are moving forward.

The Commissioners will be receiving an invitation to this event as soon as the time has been confirmed with the Mayor's Office.

Shape Up Coalition Wins Grant

Last week, the Shape Up Coalition was awarded a $60,000 *Healthy Eating Active Living Community Health Initiative* Grant by San Francisco Kaiser Permanente. The grant will support the work of Bret Harte Elementary Parents group and the Alice Griffiths Housing Residents group to assess their neighborhood and identify ways in which they can create changes that will support healthy eating and active living environments. This grant was developed by the Coalition in partnership with the Mayor's Communities of Opportunity Initiative. The grant will also be used to support changes proposed by the community members, and will be leveraged to identify other funding sources. Grant activities will commence in September.

Stadium to Stadium Race

Over 1000 individuals ran, walked and strolled this past Sunday at the first Stadium to Stadium race, organized by the Mayor's Office of Community Development and Communities of Opportunity. Mayor Newsom kicked the race off at Monster Park with the help of Supervisor Maxwell and ultra marathoner Dean Karnazes. The event culminated in a fun-filled health fair at AT&T Park. A number of DPH programs were represented including the Southeast Health Center, STD Prevention & Control, and the Shape Up Initiative.

Several DPH staff were seen crossing the finish line including Commissioner Tarver. Special thanks to David Nakanishi and Mark Ghaly, MD, who helped make the event a success. Race proceeds will benefit Southeast health programs.

Community Health Network, San Francisco General Hospital, Credentials Report, August 2006

	08/06	07/06 to 08/06
New Appointments	27	18
Reinstatements	0	0
Reappointments	40	44
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	19	20
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	8	5
Voluntary Relinquishments	5	6
Proctorship Completed	7	5
Proctorship Extension	0	0
Current Statistics – as of 08/1/06		
Active Staff	465	
Courtesy Staff	561	
Affiliate Professionals (non-physicians)	201	
TOTAL MEMBERS	1,227	
Applications In Process	62	
Applications Withdrawn Month of August 2006	2	2 (07/06 to 08/06)
SFGH Reappointments in Process Sept. 2006 to Dec. 2006	187	

Commissioners' Comments

- Commissioner Tarver appreciates the participation of DPH staff in the Stadium to Stadium Race.

- Commissioner Chow noted that the AIC deserves the thanks of the SF Bay Guardian, but also the thanks of all San Franciscans. He has heard numerous favorable comments about the travel clinic, and is a good reflection of the Health Department.

- Commissioner Umekubo refers patients to the AIC for travel vaccines and information.

- Commissioner Guy said that bedbugs are a growing problem, and is this part of the effort to contain this problem. Dr. Katz said yes, and in fact the Department recently received an allocation from the Board of Supervisors to do eradication and furniture replacement. Commissioner Guy said she heard that the Tom Waddell elevator is being replaced. Is this indeed happening? Dr. Katz said it is happening, thanks to the work of Anne Kronenberg and Mark Primeau.

- Commissioner Umekubo asked if the bedbug problem is a nationwide program, or just localized to San Francisco. Dr. Katz said it is a national problem.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR AUGUST

Commissioner Umekubo presented the Employee Recognition Awards for August.

Team Award	**Division**	**Nominated By**
Behavioral Health Billing Systems	PHP Finance	Anne Okubo

- Maria Barteaux
- Chan Yin Ching Ma
- Susan Mose
- Tasneem Shaikh
- Connie Tam
- Chi Phan
- Mew Ling Chan
- Juan Clara
- Urmila Damania
- Set Hoe
- Jocy Tabaco
- Larry Pye
- Yvette Hannah
- Reggie Milton
- Pablo Munoz
- Retha Pedigo
- Patcharin Reynolds
- Claire Skiffington
- Estifanos Tsegan
- Thomas Outt
- Isabel Abat
- Mary Covington-Walsh
- Peter Kim
- Lisa Selva
- Martha Vallin
- Robert Geller
- Elena Huynh
- Wendy Leung

6) HEALTH ACCESS PROGRAM UPDATE

Mitchell H. Katz, M.D., presented an update on the Health Access Program. Dr. Katz said the Mayor and Supervisor Ammiano signed an ordinance into law on August 7th that combines the HAP model with a health spending mandate affecting businesses with more than 20 employees. Dr. Katz described the roles and responsibilities of the various entities involved in implementing HAP, including the Health Department, CAO, Controllers Office, San Francisco Health Plan, Office of Treasurer & Tax Collector and others. The HAP Advisory Council, co-chaired by Lloyd Dean and

Dr. Katz, will provide expert consultation on implementation of employer spending mandate, membership, rate, benefit package, network, utilization, costs and evaluation. The committee was designed to include the crucial constituencies of labor and business, public and private providers, health advocates, philanthropy and the Controller's Office.

The Health Department has two distinct roles. It is the organizer of the HAP and a provider of services within the HAP. Perhaps the greatest area of implementation work will be preparing the Department to receive HAP members. Dr. Katz said the goal is to use HAP as an opportunity to re-envision the Department's health care delivery system. Dr. Katz will be creating a HAP administrator position to lead this work. There will be two department committees, each of which will have subgroups. The work of the committees will be reported to the Department's Integrated Steering Committee and ultimately to the Health Commission. Dr. Katz said upcoming milestones are:

- December 15 – first draft of regulations for employer mandate issued for public comment;
- January 31, 2007 – Interim report on HAP status to Board of Supervisors;
- July 1, 2007 – Implementation date

Dr. Katz said the HAP will be good for the hospital and will increase resources for behavioral health. Dr. Michael Drennan has reinvigorated Primary Care. The HAP provides an opportunity to reorganize in a positive way with new resources.

Commissioners' Comments

- Commissioner Guy asked if the HAP Advisory Committee members have specific terms. Dr. Katz said that no terms were defined. Commissioner Guy hopes the advisory committee takes on the challenge of defining and publicizing what its role and goals are. She is also interested in how the Health Commission and Health Department view itself and its role in this true paradigm change. She is looking to the CHN Joint Conference Committee to work on this regularly. She looks to her Commission colleagues and Dr. Katz for guidance on what to focus on first, and what should be on future discussion lists. The next report to the Health Commission should include a presentation by Jean Fraser and Dr. Katz about the contracting mechanism and relationships with providers. She also wants a discussion at the around the CHN JCC about developing the evaluation component for the HAP.

- Commissioner Illig is hoping for monthly updates at the CHN JCC, with a full report to the Health Commission prior to the Health Department reporting to the Board of Supervisors in January 2007.

- Commissioner Umekubo said HAP would hopefully lead to increased utilization of primary care, preventive procedures, specialty services and other services. What is the plan to accommodate this increased utilization? Dr. Katz said the program committee will determine how much increased capacity the Health Department needs, and where the growth should happen. Dr. Katz added that there has been a lot of thought about how to plan enrollment to take capacity into consideration. Two areas of concern are in terms of capacity are new appointments for primary care doctors and specialty care. Commissioner Umekubo is interested in the effort to enroll private providers. Dr. Katz said the relationship with the private providers would be through the San Francisco Health Plan. Commissioner Umekubo wants to be sure that all private physicians be given the opportunity to participate in this program.

- Commissioner Sanchez said the HAP provides a unique opportunity to look at the health provider model and enhance it to provide the health care of the future. He encouraged all institutions to take advantage of this opportunity.

- Commissioner Tarver is interested in the role of the Health Commission with the San Francisco Health Plan being a vendor. The new entity that the Health Commission is charged with building may need to look different from the current San Francisco Health Plan. He would like the Health Commission give input to SFHP on what the HAP will look like. Commissioner Tarver is very pleased that a key message of the program is that the City's legal and moral obligation to provide access to care to low income residents is protected. Commissioner Tarver requested that a representative from the SFHP attend the monthly CHN JCC meetings. His concerns include integration of formularies, streamlining administrative procedures and application forms, how to get existing systems to be compatible, faster access to the system of care, and freedom to choose providers.

- Commissioner Chow said the Health Commission has more than one role: the oversight of the DPH delivery of services; the responsibility for implementing the HAP; and protecting the health of San Franciscans. The Health Commission must submit to the Board of Supervisors a report that describes how the program will provide health care security for San Francisco residents. He also stressed that when we talk about access, we look beyond access to Health Department services to include and embrace private providers. The Health Commission needs to hear from SFHP its plans for including private physicians and hospitals and ensuring access to high quality culturally competent services from the private side. The Health Commission, not solely at the CHN JCC, should discuss this issue. One key issue for the CHN JCC is how DPH's primary care and behavioral health systems will expand capacity to meet the needs of the HAP. With regard to the communication plan, the Health Commission should be an A level stakeholder, not a B level stakeholder.

- Commissioner Monfredini asked to whom the HAP administrator would report. Dr. Katz said this person would report to him. She said that if there are challenges and setbacks to implementing the HAP, the issues will come to the Health Commission and DPH, not the Controller or Office of Labor Standards or any other entity. The organization chart should reflect this. She is very pleased with this program, and looks forward to offering it as an example to other counties and states.

- Commissioner Illig wants to discuss the details of DPH's contract with SFHP in terms of expected outcomes. He was also very pleased to read in Dr. Katz's report that the HAP will drive DPH integration. Dr. Katz said it is very important that HAP not exist as a separate system. Commissioner Illig said it should be noted that the legislation stipulates that funds collected for this program go to the SFHP, not to the Health Department.

- Commissioner Guy noted that the chart presented today is not a decision-making chart but rather a work flow chart.

- Commissioner Chow said the Medical Society could organize educational meetings about the HAP.

Public Comment

- Yvonne Martinez, SEIU 790, said the union is concerned about a couple of things. First, that there be substantive discussions about what it will take to make this program a success. There are number of issues that workers on the ground will face during implementation: adequate staff, reliable equipment, etc. There are critics of the program who will look for every opportunity to criticize the program, so we need to get out in front of challenges. She provided an example of a geriatric program that is greatly understaffed.

7) 4th QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 4th Quarter Financial Report. The report presents the 4th quarter financial projections of revenues and expenditures for DPH for FY 2005-06. Projections include a revenue surplus of $27,483,000 and expenditure deficit of $3,882,000 for a net favorable surplus of $23,601,000. Compared to the 3rd quarter projected surplus of $21,009,000, the projected surplus has increased $2,592,000.

Projected FY 2005-2006 Year-End Surplus/Deficit

	REVENUES			EXPENDITURES			TOTAL
ision	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
partment of Public Health							
GH	$ 607,812,000	$ 569,048,000	$ (38,764,000)	$ 607,812,000	$ 557,170,000	$ 50,642,000	$ 11,878,000
SB855 Adjustment	(82,000,000)	(28,401,000)	53,599,000	(82,000,000)	(28,401,000)	(53,599,000)	-
GH Adjusted	$ 525,812,000	$ 540,647,000	$ 14,835,000	$ 525,812,000	$ 528,769,000	$ (2,957,000)	$ 11,878,000
guna Honda	170,059,000	180,867,000	10,808,000	170,059,000	172,158,000	(2,099,000)	8,709,000
mary Care	45,912,000	46,286,000	374,000	45,912,000	48,457,000	(2,545,000)	(2,171,000)
alth at Home	8,550,000	8,430,000	(120,000)	8,550,000	7,563,000	987,000	867,000
l Health	23,087,000	23,113,000	26,000	23,087,000	23,295,000	(208,000)	(182,000)
blic Health	97,112,000	94,736,000	(2,376,000)	97,112,000	95,781,000	1,331,000	(1,045,000)
ntal Health	195,120,000	199,056,000	3,936,000	195,120,000	193,529,000	1,591,000	5,527,000
bstance Abuse	65,306,000	65,306,000	-	65,306,000	65,288,000	18,000	18,000
TAL DPH	$ 1,130,958,000	$ 1,158,441,000	$ 27,483,000	$ 1,130,958,000	$ 1,134,840,000	$ (3,882,000)	$ 23,601,000

e Revised Budget in the table above Includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer T) for SB855, Transfer In and Project Related expenses.

Mr. Sass highlighted financials for each of the DPH divisions. In conclusion, the Health Department is projected to return a large surplus to the City General Fund. However, DPH is also overspent at the two hospitals. Mr. Sass is working with the Controller's Office to resolve the overspending issue.

Commissioners' Comments

- Commissioner Tarver asked if Laguna Honda Hospital's deficit was carried over from last year. Mr. Sass said that a portion of the deficit is from last year. Commissioner Tarver asked if there is a structural fix in the FY 06-07 budget. Mr. Sass said the structural fix addresses problems from the 05-06 budget, not problems carried over from the previous year.

- Commissioner Guy said the retroactive supplemental seems like the cleanest way to handle this issue, and not carry over the problem to next year.
- Commissioner Illig is concerned about what is going to happen this year. If the Health Department keeps spending as it has the past two years, there is a deficit. In addition, the windfall of increased Medi-Cal will end someday. Mr. Sass said everything that they could identify as a structural issue at Laguna Honda Hospital has been built into the budget, so they have every opportunity to stay within budget. He expects them to do so and will hold them to their budget.

Public Comment

- Ed Warshauer, SEIU 790, said he is very please with how DPH has handled the budget. He is concerned about the proposal to increase SNF beds at SFGH. DPH today approved a contract for $2 million to send people out of county to Crestwood, and is not spending a similar amount for SNF beds at SFGH. His second concern is the work order with the Sheriff for Jail Health. The Sheriff is proposing to show off the jails to potential bidders to address a problem in the Sheriff's Department, not in the Health Department.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

Action Taken: The Commission (Chow, Guy, Illig, Tarver, Umekubo) voted to hold a closed session.

The Commission went into closed session at 6:00 p.m. Present in closed session were Commissioner Illig, Commissioner Chow, Commissioner Guy, Commissioner Tarver, Commissioner Umekubo, Gene O'Connell, SFGH Executive Administrator, Kathy Murphy, Deputy City Attorney and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Illig, Tarver, Umekubo) approved a settlement in the Amount of $85,000 in John and Judith Bovio V. CCSF, San Francisco Superior Court, No. 436946.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:10 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Tarver, Umekubo) voted not to disclose any discussions held in closed session.

10) ADJOURNMENT

The meeting was adjourned at 6:10 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

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RESCHEDULE NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The San Francisco Health Commission meeting scheduled for Tuesday, September 5, 2006 has been rescheduled to Tuesday, September 12, 2006, 3:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

(Posted August 16, 2006)

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HEALTH COMMISSION

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 12, 2006*
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

***PLEASE NOTE THAT THIS MEETING WAS RESCHEDULED FROM SEPTEMBER 5, 2006**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 15, 2006**
**Minutes of the meeting of August 15, 2006*

3) PROPOSED ACTION: APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **DPH-Finance** – Request for approval of a resolution authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center, to accept a gift of funds, in the amount of $50,000, to provide supplementary assistance for the support of the Hospice Unit, which provides healthcare services to adult disabled or chronically ill citizens of San Francisco.
** Calendaring memo, Resolution*

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Baker Places Inc., in the amount of $157,521, which includes a 12% contingency, to provide HIV substance abuse detoxification services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2007 (1.5 Multi Year Renewal)
** Contract summary, Monitoring report summary and response letter, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Native American Health Center, in the amount of $184,800, which includes a 12% contingency, to provide Centers of Excellence services for Native American individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 year).
** Contract summary, Monitoring report summary and memo, Client demographic information form*

(3.4) **PHP-CHPP** – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $365,117, which includes a 12% contingency, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment, as the community partner for the DPH African American Health Initiative, serving African Americans city-wide, for the period of July 1, 2006 through June 30, 2007 (1 year).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.5) **BHS** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $234,748, with an annual contract amount of $156,499, which includes a 12% contingency, to provide children's mental health services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

(3.6) **BHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $345,610, which includes a 12% contingency, to provide program evaluation services for the Children's System of Care, for the period of September 30, 2006 through September 29, 2007. (1 yr.)
** Contract summary, Monitoring report summary and memo, Client demographic information form*

Items for Discussion and Approval

(3.7) **PHP-Housing & Urban Health** – Request for approval of a new contract with Lutheran Social Services, in the amount of $226,505, which includes a 12% contingency, to provide

supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of October 1, 2006 through June 30, 2007. (9 mos.)
** Contract summary*

(3.8) **PHP-Housing & Urban Health** – Request for approval of a retroactive new contract with Mission Creek Senior Community, in the amount of $603,120, which includes a 12% contingency, to provide rental subsidies to 51 Direct Access to Housing residents who are frail, formerly homeless seniors, for the period of July 1, 2006 through December 31, 2007 (1.5 yrs).
** Contract summary*

(3.9) **BHS** – Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $7,203,526, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summaries, Client demographic information forms*

(3.10) **BHS** – Request for approval of a retroactive contract renewal with Jelani, Inc. in the amount of $3,222,099, which includes a 12% contingency, with an annual contract amount of $1,986,916, to provide residential substance abuse services for women and families, for the period of July 1, 2006 through December 31, 2007. (1.5 yrs.)
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

(3.11) **BHS** – Request for approval of retroactive renewal contract with the Bayview Hunter's Point Foundation for Community Improvement in the amount of $6,776,264 per year, which includes a 12% contingency, to provide mental health and substance abuse services for the period of July 1, 2006 through September 30, 2007, for a total contract value of $8,864,916.
** Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form*

(3.12) **Central Administration** – Request for approval of a revenue supplemental appropriation of $950,000 to provide clinical services to youth receiving services as a result of the SB 163 State initiative.
** Memo to Board of Supervisors, Supplemental Appropriation Request*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **PRIMARY CARE UPDATE**
(Michael Drennan, M.D., Primary Care Director)
**Update*

7) **FOR DISCUSSION:** **PRESENTATION OF THE NEW EMPLOYEE ORIENTATION VIDEO**
(Frances Culp, Senior Policy Planner, Office of Policy and Planning)

8) PUBLIC COMMENT/OTHER BUSINESS**

9) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

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Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

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The Government's duty is to serve the public, reaching its decisions in full view of the public.

Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 12, 2006*
at
3:00 p.m.
101 GROVE STREET, ROOM 300
San Francisco, CA 94102

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:10 p.m.

Present:	Lee Ann Monfredini, President James M. Illig, Vice President Roma P. Guy, M.S.W. David J. Sanchez, Jr., Ph.D. Donald E. Tarver, II, M.D. John I. Umekubo, M.D. (arrived at 3:30 p.m.)
Absent:	Edward A. Chow, M.D.

President Monfredini announced that the September 19th Health Commission meeting will be held at the Southeast Community Facility Alex Pitcher Jr. Community Room, 1800 Oakdale Avenue, San Francisco, CA 94124. The meeting will begin at 3:00 p.m. The Budget Committee meeting will be held at 101 Grove, Room 300, beginning at 1:00 p.m.

President Monfredini welcomed former Commissioner Harrison Parker to the Health Commission meeting.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF AUGUST 15, 2006

Action Taken: The Health Commission (Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the August 15, 2006 Health Commission meeting. There was one correction to Commissioner Tarver's comments on Page 5.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that the following items be moved from the Approval calendar to the Discussion and Approval calendar: 3.4 and 3.6.

Items for Approval

(3.1) **DPH-Finance** – Request for approval of a resolution authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center, to accept a gift of funds, in the amount of $50,000, to provide supplementary assistance for the support of the Hospice Unit, which provides healthcare services to adult disabled or chronically ill citizens of San Francisco.

(3.2) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Baker Places Inc., in the amount of $157,521, which includes a 12% contingency, to provide HIV substance abuse detoxification services for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2007.

Secretary's Note – Commissioner Tarver abstained from voting on this contract.

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Native American Health Center, in the amount of $184,800, which includes a 12% contingency, to provide Centers of Excellence services for Native American individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments (at the Health Commission meeting)

- Commissioner Illig said his understanding was that the Centers of Excellence were funded with CARE funds. Michelle Long from the AIDS Office said there are two Centers of Excellence that are funded by the general fund: The Native American Health Center and the Forensic AIDS Project.

(3.5) **BHS** – Request for approval of a retroactive contract renewal with Lincoln Child Center, in the amount of $234,748, with an annual contract amount of $156,499, which includes a 12% contingency, to provide children's mental health services, for the period of July 1, 2006 through December 31, 2007.

Items for Discussion and Approval

(3.4) **PHP-CHPP** – Request for approval of a retroactive renewal contract with Black Coalition on AIDS, in the amount of $365,117, which includes a 12% contingency, to provide fiscal agent and support services to the African American Coalition for Health Improvement and Empowerment, as the community partner for the DPH African American Health Initiative, serving African Americans city-wide, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Tarver asked what the violence prevention modality entails. Ms. Smyly said that BCA said the contract includes pilot projects funded by mini-grants of no more than $5,000. There is no longer a violence prevention modality included in this contract. Last year's contract included a violence prevention component. She provided the Budget Committee members with the correct budget summary.

(3.6) **BHS** – Request for approval of a retroactive contract renewal with the Regents of the University of California, in the amount of $345,610, which includes a 12% contingency, to provide program evaluation services for the Children's System of Care, for the period of September 30, 2006 through September 29, 2007.

Commissioners' Comments

- Commissioner Sanchez said the Budget Committee is looking for assurances that the original charge of the grant can be completed within the fiscal year or the time that has been allotted.

- Commissioner Tarver said he was at the MST celebration, and it is a wonderful program that has achieved much success. He was surprised, therefore, that the contract monitoring report indicates poor performance. The Department must have the data to show that this model program is in compliance and is successful. He is looking for assurances that these problems will be rectified in the future. Dr. Abram Rosenblatt, program director, said they had a number of challenges this past year, including two key staff people leaving and one staff going out on disability. This year, they are recruiting for the project director and they are confident they will be able to accomplish all the required tasks. Ms. Chan-Sew said DPH is very proud of what has been accomplished through the SAMHSA grant, and she wants this success to be documented, evaluated, and the information disseminated. The project did take on a new evidence-based project, which required some ramping up. This contract includes a very detailed workplan, and she will work very closely with the contractor to fulfill the workplan.

(3.7) **PHP-Housing & Urban Health** – Request for approval of a new contract with Lutheran Social Services, in the amount of $226,505, which includes a 12% contingency, to provide supportive housing services and rental subsidies at the Folsom-Dore Apartments, targeting homeless adults, for the period of October 1, 2006 through June 30, 2007.

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(3.9) **BHS** – Request for approval of a retroactive contract renewal with Community Awareness and Treatment Services, in the amount of $7,203,526, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked how agencies that have used the McMillan Sobering Center in the past were notified of the change. Mr. Stillwell said notices were sent out to all non-profits CBHS does business with. In addition, the Mobile Assistance Project will continue to operate 24 hours a day, and CBHS will work closely with them to make sure there are adequate overnight resources available.

- Commissioner Sanchez commended the agency on its outstanding monitoring scores.

(3.10) **BHS** – Request for approval of a retroactive contract renewal with Jelani, Inc. in the amount of $3,222,099, which includes a 12% contingency, with an annual contract amount of $1,986,916, to provide residential substance abuse services for women and families, for the period of July 1, 2006 through December 31, 2007.

(3.11) **BHS** – Request for approval of retroactive renewal contract with the Bayview Hunter's Point Foundation for Community Improvement in the amount of $6,776,264 per year, which includes a 12% contingency, to provide mental health and substance abuse services for the period of July 1, 2006 through September 30, 2007, for a total contract value of $8,864,916.
Commissioners' Comments

- Commissioner Sanchez is pleased with the collaborative between BVHPF, Potrero Hill Neighborhood Center and Morrisania West. He commended the agency's monitoring report scores.

- Commissioner Tarver asked if the agency is still faced with space issues. Jacob Moody, BVHPF executive director, said one of the properties that they lease for their mental health program is for sale, at a price that the agency cannot afford. They have begun to look for property in the neighborhood. They are also moving forward with integration of programs, but there is still the need for administrative space. Commissioner Tarver asked if the agency is considering housing clinicians offsite at other locations. Mr. Moody said the agency is very open to being completely integrated into the neighborhood and taking advantage of places where there is space. He has been in discussion with the director of the Southeast Health Center about placing clinicians there.

(3.12) **Central Administration** – Request for approval of a revenue supplemental appropriation of $950,000 to provide clinical services to youth receiving services as a result of the SB 163 State initiative.

Action Taken: The Commission (Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar. Commissioner Tarver abstained from voting on Item 3.2.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

DPH Response to Multi-Casualty Incident
The City's Emergency Medical Services System and Hospital Emergency Departments responded to a multi-casualty incident on the afternoon of August 29 when a driver struck and injured 19

pedestrians. The EMS System activated a Red Alert and the Multi-Casualty Incident Plan. Ambulances from the Fire Department and private providers transported 14 patients to local hospitals. Of these, eight patients--including three triaged as having potentially life-threatening injuries--were transported to San Francisco General Hospital's Trauma Center.

The SFGH Emergency Department and Trauma Physicians, nurses and support staff quickly mobilized to prepare for incoming casualties when the first reports of this incident were communicated to the hospitals via the EMResource system Red Alert at 1:08 p.m. The first patient was received at the Trauma Center at 1:15, followed in rapid succession by six more patients. Due to the complexity of this multiple-location event, the last patient arrived at SFGH at 2:20. All patients were thoroughly evaluated and stabilized, and a total of five patients were admitted for further treatment and observation, including one patient with spinal injuries admitted to the ICU. As of today, two of these patients remain at San Francisco General.

Mayor Newsom visited the ED and spoke to the treating clinicians as well as a number of family members of those injured. We were able to provide media updates throughout the afternoon of the incident, followed by a formal press event later in the week when media interest was still high and the outcome of most of the patients was evident. While this tragic event underscores the need for ongoing preparedness efforts, Dr. Katz is pleased to report that the City's Hospital and Trauma Center and overall EMS system responded in a well-coordinated and practiced manner to ensure the best possible outcome for those injured.

SFGH Medicare 2567 Report

On September 6, SFGH received the Medicare 2567 Report summarizing the findings of the Center for Medicare and Medicaid Services (CMS) Validation Survey that was conducted June 26-29. The cover letter confirms that SFGH made significant strides complying with the Plan of Correction (POC) that was submitted in response to the December 2005 survey. There were four Conditions of Participation that were not met:

1. Governing Body
2. Quality Assessment and Performance Improvement
3. Nursing Services
4. Pharmaceutical Services

SFGH is now in compliance with three of the above-mentioned conditions. Only Pharmaceutical Services remains out of compliance.

The POC for this Medicare 2567 Report is due in the CMS San Francisco Regional Office by this weekend, Saturday, September 16. SFGH leadership, medical and hospital staff have been developing plans of correction using our internal preliminary list of deficiencies. Fortunately, all of the items identified on the Medicare 2567 Report were already identified on our preliminary list. If the POC is accepted by CMS, there will be a third, and hopefully final, unannounced survey.

New Health Access Program Administrator

Dr. Katz announced that Tangerine Brigham will be rejoining the Department on October 23rd as the Health Access Program (HAP) Administrator to lead us in the planning, design, and implementation of HAP. In this position, she will be chairing the two HAP Departmental committees, Program/Operations and Fiscal/IT, and will ensure that all of the Department's preparation for HAP is coordinated.

Many of you will recall Tangerine as the former Director of Policy and Planning. She left the Department in May 2001 after 10 years of service in the City, including eight years in DPH. Most recently, Tangerine was the Program Officer for Community Health at the San Francisco Foundation. She holds a masters degree in Public Policy from the University of California, Berkeley, and a Bachelor of Arts degree in economics from UCLA.

Health at Home

Health at Home received an unannounced survey from the Department of Health Services, Licensing and Certification Division on August 21st. An RN surveyor spent 3 ½ days interviewing managers, staff, and patients, making home visits with nurses and therapists, and reviewing medical records, employee personnel files, and selected agency policies and procedures. There were no "condition-level" citations. However, she cited some instances of errors in documentation of the reasons for missed patient visits and the accompanying physician notification, and on the need for more thorough documentation on home health aide supervision. At the exit summation, the Surveyor indicated that the overall quality of care provided by Health at Home is very good. Once the Surveyor's written report is received and the agency's plan of correction is submitted and accepted, re-certification of the agency will be completed.

Medi-Cal Reimbursement for Mobile Methadone Clinics:

AB 631 (Leno) passed the Legislature on August 31st. Senator Kuehl presented the bill in the Senate without using the word "methadone" – she used mobile narcotic treatment units instead. The Governor has until September 30th to sign it. Our lobbyists have been working with the Governor's staff to explain that this bill is **not** about driving drugs around to addicts -- it's about reimbursing the City for a successful program we're already doing, which provides identical treatment to addicts who refuse to come into the clinics. Dr. Katz will keep the Commission posted.

DPH PrEP Survey

Pre-exposure prophylaxis (PrEP), or the use of antiretroviral drugs by HIV-negative people prior to HIV exposure in an attempt to prevent HIV infection, is currently being tested in clinical trials in San Francisco (www.projectt-sf.org) and around the world. To evaluate anecdotal reports and a previous survey suggesting substantial PrEP use in the community, the DPH HIV Research Section conducted surveys of 851 gay and bisexual men recruited at various venues in SF, at the SF City Clinic, and at the Palm Springs White Party (an annual circuit party). About one-fifth of the men had heard of PrEP, with the most common sources of information being the media and friends. Men who reported unprotected anal sex in the past 6 months were more likely to have heard of PrEP. Only one respondent said he had used PrEP (although his responses suggest he may have meant post-exposure prophylaxis (PEP), or one month of antiretroviral therapy started shortly after a high-risk exposure). A substantial majority (68 percent) said they would use PrEP in the future if proven to be safe and effective.

Contrary to prior reports, this study found that community PrEP use appears to be rare. Research efforts should focus on determining whether PrEP is safe and effective for HIV prevention. Meanwhile, given potential harms associated with unmonitored use, PrEP is not currently recommended outside clinical trials.

Sign the Steel Beam Party at Laguna Honda Hospital Replacement Project

Dr. Katz hopes the Commissioners will join the Laguna Honda Hospital staff and hundreds of residents, neighbors and volunteers this Friday, Sept 15th, from 1-4 p.m., when we celebrate a construction milestone at a "Sign the Steel Beam" party. Everyone who attends will have the opportunity to sign their name on a large steel beam before it gets installed in the new East Building. The event comes with live music, celebration and a number of surprises.

Stroke Centers

San Francisco is well on its way to becoming the first city in the nation that will have all of its hospital healthcare systems achieve the status of designated "Stroke Centers." Stroke is the second leading cause of death to San Franciscans. As a designated Stroke Center, hospitals will have the ability to rapidly prioritize potential stroke victims, perform blood tests and CT scans to identify reversible causes of stroke, provide expert neurological consultation quickly and provide treatment and rehabilitation for stroke victims. Stroke centers must meet rigorous criteria established by the Joint Commission on the Accreditation of Hospitals and Health Care Facilities.

The Department hosted a press conference last week at SFGH to highlight the training currently being given to the City's paramedics, emergency personnel and dispatchers that will support stroke patients during their transport to the receiving hospitals. Gene O'Connell, Dr. John Brown, Medical Director of EMS and Dr. J. Claude Hemphill, Director of SFGH's Stroke Program, were joined by representatives from the American Stroke Association, SFFD Paramedics, other hospitals and a young stroke patient who talked about her treatment at an accredited Stroke Center. Speakers emphasized the importance of recognizing the symptoms of a stroke, stroke prevention and improved stroke care once a patient arrives at the hospital. Within the next several months, SFGH, St. Mary's, St. Francis, Sutter at Davies, and Chinese Hospital will become designed Stroke Centers. UCSF has already achieved this designation.

Tobacco Free Project

The Tobacco Free Project staff contributed a chapter on "The Community Action Model in a Public Health Department Setting Case Study: Tobacco Divestment on College Campuses," which was recently published in Tackling Health Inequities Through Public Health Practice: A Handbook for Action, a publication of The National Association of County & City Health Officials.

Pedestrian Safety

Chris Murphy, Director of the California Office of Traffic Safety, (OTS) has officially congratulated the San Francisco Department of Public Health for successfully completing the objectives of the DUI Enforcement and Education Program grant, which ended in February 2006. His letter of August 25, 2006 states, "The Department's traffic safety contribution increases the relevance and impact of our California Traffic Safety Program to the overall national program." OTS credits the grant efforts for a substantial decrease in the number of San Francisco's young adults, ages 21 – 34, involved in fatal and injury collisions when they had been drinking. This project was part of the Traffic and Pedestrian Safety Program in Community Health Promotion and Prevention.

5-A-Day Month

September is "5-A-Day" month. On September 20th, nutritionists and staff from the Feeling Good Project, the Chinese 5-A-Day Project and the WIC program will be promoting good nutrition by reminding shoppers at the Civic Center Farmer's Market to eat at least five servings of fruits and vegetables every day to maintain good health. From 10 a.m.- 1 p.m., staff will also be giving out cookbooks, answering nutrition questions and distributing gifts to the farmers. The Civic Center Farmer's market supports family farms and brings fresh, seasonal produce, fish, olive oil, nuts, honey, flowers and baked goods to the middle of San Francisco.

New Medical Director at TWHC

Dr. Katz welcomed Deb Borne, MD, as the new Medical Director for Tom Waddell HC Homeless Programs and Community Sites. Dr. Borne comes to DPH from Brooklyn, NY where she spent the past five years working in the Bronx serving a high-risk population as part of her National Health Service Corps assignment. She has much experience with HIV, multi-diagnosis, and impoverished patients. Dr. Borne previously completed her Family Practice Residency Program training at SFGH, so this is a welcome return for this excellent new COPC Medical Director.

Community Health Network, San Francisco General Hospital, September 2006 Credentials Report

	09/06	07/06 to 09/06
New Appointments	28	45
Reinstatements	0	0
Reappointments	60	84
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	20	39
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	12	13
Voluntary Relinquishments	6	11
Proctorship Completed	25	5
Proctorship Extension	0	0
Current Statistics – as of 09/1/06		
Active Staff	474	
Courtesy Staff	559	
Affiliate Professionals (non-physicians)	202	
TOTAL MEMBERS	1,235	

Applications In Process	48	
Applications Withdrawn Month of September 2006	0	4 (07/06 to 09/06)
SFGH Reappointments in Process Oct. 2006 to Jan. 2007	172	

Commissioners' Comments

- Commissioner Guy is delighted that Ms. Brigham is back to help DPH meet the challenge we have embarked upon.

- Commissioner Sanchez noted the outstanding protocols that were followed during the multi-casualty tragedy. The Mayor mentioned at a seminar at USF the San Francisco is funding programs in the schools, and Commissioner Sanchez asked if any of this funding would be used for wellness centers, school nurses and other health resources. Dr. Katz said his understanding is that the funding is for the wellness centers through the Department of Children, Youth and their Families. The intention is to use this money until every school has a wellness center.

- Commissioner Tarver asked Dr. Katz if he has any initial thoughts about what the expectations are for the meeting in the Bayview next week. Dr. Katz said the idea behind the report is to take the somewhat separate conversations and activities that have been happening, combine them, and take a broad, geographic look at the major issues. The Department examined what services were provided, where the programs were located, where the gaps are and what the next steps are. Based on this report, the Commission would support policy directions based on next steps.

- Commissioner Illig commended the Department on its response to the hit-and-run tragedy. The fact that our response worked so well shows that DPH is ready. He wants to acknowledge Health at Home for passing the licensing survey with flying colors. This is a very complex service, and HAH should be commended.

- Commissioner Monfredini said the response to the hit-and-run tragedy was wonderful. Everyone worked together in wonderful form. She knows that San Francisco General Hospital will respond to the CMS survey in a timely manner. She welcomes Ms. Brigham back to the Department.

5) PRESENTATION OF THE EMPLOYEE RECOGNITION AWARDS FOR SEPTEMBER

Commissioner Guy presented the Employee Recognition Awards for September.

Team Award	**Division**	**Nominated By**
Tom Waddell Health Center Patient Visit Redesign Team • Sandra Aseltine • Amy Bolanos • Cynthia Collins • Angela Davidson • Paul Hathaway • Chris Nguyen • Rosario Noble • Julie Brown-Modenos	DPH	Barbara Wismer, M.D.

Commissioners' Comments

- Commissioner Tarver applauded the redesign effort and asked if it could be replicated at other clinics. Dr. Drennan, Director of Primary Care, said the consultants focused on a large clinic redesign. Also, Tom Waddell has very specific logistics. However, what they learned at Tom Waddell will be transferable to other sites.

6) PRIMARY CARE UPDATE

Michael Drennan, M.D., Director, Community Oriented Primary Care (COPC), presented COPC's annual report. The report charts the progress over the past year in COPC and outlines the key components of the administrative, clinical and quality of care infrastructures that support COPC. Dr. Drennan said that COPC developed a number of utilization reports over the past year and a half that help COPC understand what they do now and plan for the future when capacity will be expanded. Dr. Drennan described a number of the reports that are prepared and distributed to clinics to track patient utilization and productivity. The reports provided various patient demographic information including gender, age, ethnicity, neighborhood, primary language and payor source and other information.

Dr. Drennan gave an overview of the Primary Care quality improvement infrastructure. Quality Improvement (QI) Committee remains the main vehicle for monitoring quality improvement activities in the COPC clinical sites. The CPC Clinical Service is part of SFGH Medical Staff, and quality improvement activities are funneled through SFGH's QI structure and ultimately reported to the San Francisco General Hospital Joint Conference Committee.

Quality Improvement Goals

Goal 1: Develop more effective and more standardized Quality Improvement Committees at each COPC clinical site.

Goal 2: Integrate CPC QI activities into SFGH Medical Staff and SFGH Quality Management Office.

Goal 3: Integrate CPC QI activities with QI activities of SFGH based Primary Care clinics and the Ambulatory Care Committee (ACC) of the SFGH Medical Staff.

Goal 4: Improve procedures for responding to external audits at CPC sites.

Community Primary Care conducts annual Client Satisfaction surveys of patients/clients system-wide, results of which may guide quality improvement efforts in the individual clinics and COPC overall.

Dr. Drennan gave an overview of COPC's finances. Primary care has a very large self-pay category, which leads to a heavy reliance on the general fund. In FY 2005-2006, general fund accounted for 67 percent of revenues. The revenue mix may change as a result of the HAP program.

Dr. Drennan said COPC has a variety of innovative chronic care programs, and highlighted the diabetic collaborative efforts and other chronic care initiatives.

Dr. Drennan updated the Committee on behavioral health integration with Primary Care. Lack of psychosocial resources continues to plague Primary Care. The Department did not receive the as much money as was anticipated from the Mental Health Services Act. Dr. Drennan described some of the primary care services provided at behavioral health sites. Community projects include Community Health Programs for Youth, Southeast Health Center initiatives and Project Homeless Connect.

Future Challenges

- Access to care needs highlighted by SFHAP
    - Need 10-15,000 new patients into DPH primary care clinics, similar numbers for SFCCC and others
    - Complex patients, aging population
    - Much from data projects useful in assessing capacity, monitoring patient utilization, provider productivity and quality measures
- Clinic Productivity
    - Monthly reports track visits per clinic hour
    - Clinical time at 75% of total provider time
    - Adequate support staff needed to improve provider efficiency
- Chronic Disease Management Challenges
    - Sustaining gains made through innovative pilots
    - Spreading beyond initial pilot sites
    - Spreading to other chronic conditions
    - Produce and maintain information infrastructure
- Expansion of quality indicator projects
- Primary Care capacity to handle SFHAP
    - Additional staff needs: provider, support staff
    - Capital improvements: expanded exam room and group meeting/counseling space
    - IT and other infrastructure improvements
    - Staffing mix and role redefinitions
- Planning efforts with SFHAP partners
    - COPC internal planning
    - SFHP, COPC, SFCCC early planning efforts
    - DPH Implementation work group

Dr. Katz said that primary care is an area of tremendous growth and change, and it is the area that most needs to be nourished and flourish. DPH is incredibly lucky to have a tremendous primary care leadership team. He is optimistic about primary care's future. San Francisco has an advantage of being a leader in the primary care movement and has the benefit of primary care experts. DPH also has, for the first time, some money to for dedicated consultant resources with individual projects. This has been a major boon. A huge amount of progress has been made addressing the capital needs of the clinics. So DPH has the right people, the right ideas, money and adequate physical space. The HAP brings in a sizeable amount of new money, and offers the opportunity for everyone to win. There are a lot of reasons to be excited, and there is a lot of room for Health Commission suggestions about how to bring primary care to the next level.

Commissioners' Comments

- Commissioner Umekubo thanked staff for the report. With regard to capacity, we are looking at potentially 2,000 patients added to a system that already serves 62,000 unduplicated patients.

Workflow is key for a primary care clinic to run efficiently, and inefficient systems lead to bottlenecks. Every day is a challenge in primary care, and he appreciates what DPH staff does day in and day out. He is seeing a change in patients' healthcare, in terms of outcomes, new medications, etc. COPC's diabetes numbers are excellent. The challenge is to try to streamline processes as much as possible. He is aware that there is a movement away from new medical school graduates to go into primary care. This is a scary challenge. Dr. Drennan said that 15 years ago, the number of doctors going into primary care was increasing, but now it is decreasing. He encourages all the clinics to be involved in training programs, and place resident trainees in the clinics. The medical school just went through a large change that attaches first-year residents to high-need urban environments.

- Commissioner Sanchez noted that the medical staff at Laguna Honda Hospital has established a community medicine training program, which is so important to the continuity of care and emphasizing Laguna Honda's value to the education community. Primary care, including family practitioners, schools, wellness centers, refugee clinics, and everyone involved in caring for working families, is well-suited to provide leadership in this area. It is great to have institutions that have a unified mission, offer the highest level of quality care, create bridges to the community and provide quality services.

- Commissioner Guy said the Health Department and Health Commission have the responsibility to bring primary care in San Francisco into the 21st century. She agrees with the future challenges that have been brought to the Commission's attention. Other issues she wants COPC and the new HAP administrator to address: DPH's relationship to the San Francisco Community Clinic Consortium; the acknowledgement that staff is going to be asked to embark upon a new initiative and do new things that will entail a lot of hard work; problem solve about how mental health is going to be integrated into this venture. She also wants to discuss when it is appropriate to have another discussion about this at the CHN JCC.

- Commissioner Illig asked if COPC would be implementing Dr. Bodenheimer's primary care model. Dr. Drennan said this model provides a jumpstart and COPC is looking at opportunities for Dr. Bodenheimer to get involved in DPH efforts. Commissioner Illig applauded the new data collection and analysis tools, and asked if the data would be used to develop new outcomes. For example, if primary care patients are high utilizers of SFGH's emergency department, we have the data to identify those patients and identify ways to treat these patients differently. Roland Pickens, San Francisco General Hospital, said the Medical High Utilizer Program is very active at San Francisco General, and he would be happy to update the Community Health Network Joint Conference Committee. Commissioner Illig asked if there is a way for DPH to reduce wait times for new appointments, using Community Clinic Consortium clinics and St. Mary's Clinic. This should be an outcome. Dr. Drennan said that there are opportunities to create new appointment space for new appointments and returning patients. In addition, each health center needs to dedicate some of its time to urgent care. Commissioner Illig was under the impression that FQHC accounted for a larger portion of COPC's revenues. He would also like to explore the unique model of the Curry Senior Center, and asked if the Department is looking at similar models elsewhere.

- Commissioner Tarver is concerned about where CBHS sits within the Community Health Network. It is not fully incorporated into the CHN. One major challenge to integration is cultural, rather than financial. The primary care clinics are really not designed as multi-care sites, and both the mental health needs and medical needs of mental health patients are underserved. It is a culture change, and the Health Commission should provide policy direction on where it wants the integration efforts to go. With regard to recruitment, Commissioner Tarver wants to ensure that people being recruited reflect the language and cultural diversity of our patients. Medically trained personnel at all levels will be returning from military service abroad, and DPH should make connections with this community as part of its recruitment efforts. He would like to see the Commission foster the shared mission of mental health and primary care, and the overlap of patients. He would like to see more joint positions, joint funding, and other efforts. Sheila Kerr said that one effort to integrate mental health into primary care is through the diabetes initiative.

- Commissioner Monfredini asked what the next steps are, in terms of an update to the CHN JCC, given that Tangerine Brigham starts her new job in October. Commissioner Illig said that there should be a report to the CHN JCC prior to Dr. Katz reporting to the Board of Supervisors in January. The consensus is to schedule a report to the CHN JCC in December.

7) PRESENTATION OF THE NEW EMPLOYEE ORIENTATION VIDEO

Frances Culp, Senior Health Program Planner, presented the new employee orientation video that was created at the request of the Integration Steering Committee. While employees receive a formal orientation through Laguna Honda Hospital and San Francisco General Hospital, other employees do not receive anything beyond informal orientations through their supervisor and/or employee handbooks and materials. The video is designed to contain specific, important information that is useful to new employees, but general enough to apply to all employees regardless of their positions. DPH will begin airing the video at existing orientations at SFGH and LHH, and include it in the Human Resources processing procedures at 101 Grove.

Commissioners' Comments

- Commissioner Tarver said this departmentwide video is greatly needed. It gives employees a sense of the scope of DPH activities as well as a sense of connection to these activities. It was a welcome addition to inform staff about their opportunities to participate in public forums. Commissioner Tarver said the video is also relevant to current employees, and he looks forward to it being available on the Department's Intranet. The other potential audience is DPH contractors.

- Commissioner Guy asked at what point during an employee's orientation would the video fit in. Ms. Culp said to start with, it will play as part of the orientations at San Francisco General Hospital and Laguna Honda Hospital, right at the beginning of orientation. Other employees will see the video when they come to 101 Grove to be processed by Human Resources.

- Commissioner Umekubo congratulated staff on the video. It flowed very well, was engaging and contained a lot of information.

- Commissioner Illig asked how the video was paid for. Ms. Culp said that the video was produced by SFGTV, who did it at a reasonable price. DPH paid for it out of facilities funds.

8) PUBLIC COMMENT/OTHER BUSINESS

- Michael Petrelis said the Health Commission meetings need to be broadcast on Channel 26. This provides great transparency for commissions, and it one more way to involve everyone in San Francisco government. The Health Department takes up the biggest chunk of the city's budget, and the Health Commission has a lot of influence. Citizens should be able to know what is going on.

9) ADJOURNMENT

The meeting was adjourned at 5:40 p.m.

Michele M. Seaton

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

HEALTH COMMISSION

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FAX (415) 554-2665

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SPECIAL MEETING NOTICE

FOR THE

SAN FRANCISCO HEALTH COMMISSION

106

The regular meeting of the San Francisco Health Commission scheduled for Tuesday, September 19, 2006 will be held at a different location.

The meeting will be:

Tuesday, September 19, 2006, 3:00 p.m. to 6:00 p.m.
Southeast Community Facility Community Center
Alex Pitcher Jr., Community Room
1800 Oakdale Avenue
San Francisco, CA 94124

Please note that the Budget Committee of the Health Commission will hold its meeting at the regular location, 101 Grove Street, Room 300, San Francisco, CA 94102, beginning at 1:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, September 19, 2006
at
3:00 p.m.
ALEX PITCHER JR. COMMUNITY ROOM
SOUTHEAST COMMUNITY FACILITY*
1800 Oakdale Avenue
San Francisco, CA 95124

***PLEASE NOTE THAT THE CHANGE IN LOCATION FOR THIS MEETING**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove.* *The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 12, 2006**
**Minutes of the meeting of September 12, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $174,211, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Post Marketing Surveillance, Condom Availability Program and IDU Risk Assessment & Outreach services, for the period of July 1, 2006 through December 31, 2006 (6months).
** Contract summary, Monitoring report summaries, Client demographic information form*

(3.2) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $96,554, which includes a 12% contingency, to provide Fiscal Intermediary Support for the SFGH HIV Testing Evaluation, Condom Availability Program, and Information Systems Administration for CTL services, for the period of July 1, 2006 through June 30, 2007(1 year).
** Contract summary, Monitoring report summaries, Client demographic information form*

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Native American AIDS Project, in the amount of $168,000, which includes a 12% contingency, to provide case management and peer advocacy services to native Americans diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

Items for Discussion and Approval

(3.4) **PHP-Housing and Urban Health** – Request for approval of a retroactive multi-year renewal contract with Richmond Area Multi Services, in the amount of $5,433,389, which includes a 12% contingency, to provide permanent supportive housing services in a residential care environment at the Broderick Street Adult Residential Program, targeting homeless adults, for the period of July 1, 2006 through June 30, 2010 (4 years).
** Contract summary, Monitoring report summary and Vendor response, Client demographic information form*

(3.5) **AIDS OFFICE-HIV Prevention** – Request for approval of a new contract with Institute for Community Health Outreach, in the amount of $133,560, which includes a 12% contingency, to provide HIV prevention services – Health Education and Risk Reduction Services for Youth – to behavioral risk populations in San Francisco, for the period of August 1, 2006 through December 31, 2007 (1.4 years).
** Contract summary, Monitoring report summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **BAYVIEW HEALTH ACTION PLAN**
(Mitchell H. Katz, M.D., Director of Health)
**Plan*

6) **PUBLIC COMMENT/OTHER BUSINESS****

7) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

The Southeast Community Facility, Alex Pitcher Jr. Community Room, is located at 1800 Oakdale Avenue, and the cross street is Phelps Street. The closest BART Station is located at Glen Park. Accessible MUNI Lines serving this location are the #23 Monterey, #24 Divisadero and #44 O'Shaunessey. Accessible parking is available on Oakdale Avenue and Phelps Street.

Accessible integrated seating is available for persons with disabilities

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, September 19, 2006
at
3:00 p.m.
ALEX PITCHER JR. COMMUNITY ROOM
SOUTHEAST COMMUNITY FACILITY
1800 Oakdale Avenue
San Francisco, CA 94124

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:15 p.m.

Present:
- Lee Ann Monfredini, President
- James M. Illig, Vice President
- Edward A. Chow, M.D.
- Roma P. Guy, M.S.W.
- David J. Sanchez, Jr., Ph.D.
- Donald E. Tarver, II, M.D.
- John I. Umekubo, M.D.

Commissioner Monfredini welcomed everyone to the meeting and said the Health Commission was honored to be in the Bayview at the Southeast Community Facility. She acknowledged Dr. Harrison Parker, former Health Commissioner and current member of the Southeast Community Facility Commission, who was in the audience. Commissioner Monfredini said the Health Commission and the Department of Public Health clearly understand that violence in the community impacts the health of the community, and that both the response to violence and violence prevention fall within the purview of the Health Department. The Health Commission welcomes all public testimony.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 12, 2006

Action Taken: The Commission approved the minutes of the September 12, 2006 Health Commission meeting with two corrections. Commissioner Umekubo's comments on the primary care report should say 20,000 patients, rather than 2,000 patients could be added to the system. The Credentials Report will be revised to include the accurate year-to-date count for proctorships completed.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that Items 3.1, 3.2 and 3.3 be moved from the Approval section of the agenda to the Discussion and Approval section.

Items for Discussion and Approval

(3.1) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $174,211, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Post Marketing Surveillance, Condom Availability Program and IDU Risk Assessment & Outreach services, for the period of July 1, 2006 through December 31, 2006.

(3.2) **AIDS OFFICE-HIV Prevention** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $96,554, which includes a 12% contingency, to provide Fiscal Intermediary Support for the SFGH HIV Testing Evaluation, Condom Availability Program, and Information Systems Administration for CTL services, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Sanchez asked if the fiscal intermediary contracts were put out to bid. Tracey Packer, AIDS Office, said they were put out to bid. Commissioner Sanchez asked this because PHFE Management Solutions is located in City of Industry, and he likes to see local businesses have the chance to bid on services. Commissioner Sanchez asked if demographic data is available. Ms. Packer said they have data for the Condom Availability program, and could provide a larger presentation, perhaps at a Joint Conference Committee, with additional data. Commissioner Sanchez wants to be able to track if the programs are making a difference over time.

- Commissioner Tarver said he would appreciate more detailed program information in future monitoring reports.

(3.3) **AIDS OFFICE-HIV Health Services** – Request for approval of a retroactive renewal contract with Native American AIDS Project, in the amount of $168,000, which includes a 12% contingency, to provide case management and peer advocacy services to native Americans diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked if this contract could be a four-year contract, rather than a one-year contract. Ms. Long replied that the AIDS Office drafted criteria for multi-year contracts and submitted this to the Finance office for review. Ms. Okubo, Deputy Finance Director, said that the Budget Committee would be discussing the multi-year criteria for all divisions at its next monthly meeting.

(3.4) **PHP-Housing and Urban Health** – Request for approval of a retroactive multi-year renewal contract with Richmond Area Multi Services, in the amount of $5,433,389, which includes a 12% contingency, to provide permanent supportive housing services in a residential care environment at the Broderick Street Adult Residential Program, targeting homeless adults, for the period of July 1, 2006 through June 30, 2010.

Commissioners' Comments

- Commissioner Tarver applauded the Broderick Street facility. He would like to highlight this program to see how DPH could replicate these services. Ms. Antonetty replied that Housing and Urban Health is in conversation with another agency to help them acquire a 50-60 bed facility that would be a similar model.

(3.5) **AIDS OFFICE-HIV Prevention** – Request for approval of a new contract with Institute for Community Health Outreach, in the amount of $133,560, which includes a 12% contingency, to provide HIV prevention services – Health Education and Risk Reduction Services for Youth – to behavioral risk populations in San Francisco, for the period of August 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver would like to see, for the next contract monitoring cycle, more than two contract objectives. This provides the opportunity to fully capture the impact of the agency's work.

Action Taken: The Commission approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

MFAC Awarded to Sue Currin, RN

Dr. Katz announced that Sue Currin, RN, Chief Nursing Officer for San Francisco General Hospital, has been named as a recipient of this year's Municipal Fiscal Advisory Committee, (MFAC) 2006 Public Managerial Excellence Award. The MFAC Public Managerial Excellence Awards are dedicated to recognizing outstanding leadership, creativity, and managerial excellence in San Francisco government. Over the last 25 years, more than 100 City employees have been commended for their innovation, imagination and dedication to public service.

Sue was nominated for two key issues that she addressed this past year: the high patient census and the national nursing shortage. Ms. Currin developed nursing recruitment and retention strategies that helped to decrease nursing vacancies from 24% to 8 %. She also instituted the CA State

AB394—the Nursing to Patient staffing ratios, which allowed for a significant decrease in the use of costly overtime and outside agency nurses, as well as increased consistent quality of care. Also under Ms. Currin's leadership, the Bed Utilization Committee and discharge rounds increased patient flow, resulting in a 20% decrease in diversion and a decrease in decertified bed days.

Other innovations Ms. Currin introduced included implementation of a Patient Discharge Lounge; grant funding for professional nurse management development; a baby-friendly program that has resulted in a 55% increase in breast fed babies; expansion of the Integrated Soft Tissue Infection Clinic; creation of a Medical-Behavioral Unit; implementation of the Clinical Institute Withdrawal Assessment for Alcohol Protocol; development of a business plan in collaboration with Orthopedic Services; and development of a plan to create a short-stay unit for cardiac patients to decompress the Emergency Department. I know the Commissioners join me in extending our sincere congratulations to Ms. Currin for recognition of her outstanding managerial skills and for her deep and personal commitment to the patients at San Francisco General Hospital. She will receive her award on October 24th at the St. Francis Hotel.

Elizabeth Gray – New Long Term Care Director

Dr. Katz announced that Liz Gray has accepted the job of Long Term Care Director. The Commission will remember that the 2005 Health Management Associates Report recommended the creation of this new position. Ms. Gray will be responsible for the research, analysis and development of LTC options to strengthen the continuum of care within DPH. She will also supervise the Targeted Case Management program that is responsible for identifying persons at Laguna Honda Hospital or at risk of entering LHH who wish to receive community-based LTC services as an alternative to institutional services. Dr. Katz and the Commission joins welcome Liz to her new role in the Department.

New California Department of Public Health

Governor Arnold Schwarzenegger has signed SB162 establishing a new California Department of Public Health (CDPH) within the existing Health and Human Services Agency and statutorily transfers some responsibility from the California Department of Health Services (CDHS) to the new CDPH beginning July 1, 2007. At the same time, the Department of Health Services (DHS) is being renamed as the Department of Health ***Care*** Services (DHCS). The Governor will appoint a State Public Health Officer, who must be a licensed physician or surgeon, to head the new CDPH as well as two chief deputy directors.

It is hoped that the creation of the new California Department of Public Health will result in:

- Focused leadership in public health and health care financing at the state level;
- A more effective public health infrastructure in California, resulting in decreased illness, injury and death rates;
- Protection for California residents in the event of an act of bioterrorism or other major public health emergency; and
- Increase accountability and improve program effectiveness for the public health and health care purchasing functions of state government.

National HRSA Award

Congratulations to Michelle Long who was the recipient of the "Hank" Carde award at this year's HRSA conference in Washington, DC. Michelle was recognized for her dedicated service as the San Francisco EMA grantee and her outstanding leadership in adapting the service system to the needs of a changing epidemic. Michelle has worked in HIV/AIDS since 1991. The award is named after Freeland Henry "Hank" Carde III, a retired US Navy officer and twice awarded bronze star combat veteran of the Vietnam War, who was considered one of Washington D.C.'s most effective AIDS activists.

Bronze Key Award
Dr. Katz reported that Jim Stillwell, CBHS Designated County Alcohol and Drug Administrator, has been awarded the 2006 Bronze Key Award by the National Council on Alcoholism and other Drug Additions-Bay Area (NCADA-BA). The Bronze Key Award is presented to a member of the community who has made significant contributions to the field of alcoholism. Mr. Stillwell will receive his award on November 30th at the NCADA-BA annual fundraiser and silent auction. Congratulations to Jim for this well-deserved recognition.

6th Street Multi-Service Resource Center
Earlier this month, in conjunction with Supervisor Chris Daly's office, CBHS conducted two community forums to discuss the development of a 6th Street Multi-Service Resource Center. Center services will be targeted to persons frequenting the 6th St. corridor who need resources for housing, mental health and substance abuse services. Over 85 people attended the forums and offered input on the types of services they would like to see at the Center.

Commissioners' Comments

- Commissioner Monfredini thanked Ms. Gray for accepting the Long Term Care Director position, and congratulated Sue Currin, Michelle Long and Jim Stillwell for their awards.

- Commissioner Chow said that for the past several months, Liz Gray has taken exceptional control over the TCM program and has made it much more successful. This bodes well for her new responsibility. Her work is much appreciated.

- Commissioner Guy appreciates that the report publicly recognizes so many of DPH's great staff. She thanked Ms. Gray for taking on the challenge of moving the Department forward in long term care. Regarding the new California Department of Public Health, Commissioner Guy is interested in having future discussions about what the local impact will be. Is this a true change or just a bureaucratic change?

- Commissioner Sanchez appreciates the recognition of our wonderful staff.

- Commissioner Umekubo thanked the community for welcoming the Commission to the Southeast Community Facility. He congratulated all the DPH employees that were recognized in the Director's Report.

- Commissioner Tarver recently attended a Google fundraiser for the Trauma Recovery Center, which is a great example of a public private partnership. Commissioner Tarver thanked Assemblymember Leno for his leadership in having the State provide funding for this critical program.

5) BAYVIEW HEALTH ACTION PLAN

Mitchell H. Katz, M.D., Director of Health, presented a report on improving the health of Bayview Hunters Point residents. This report looks at chronic disease and disparities in Bayview Hunters Point and includes recommendations for further action aimed at improving both health outcomes and health access in the neighborhood. Currently in Bayview Hunters Point, DPH funds Southeast Health Center primary care clinic, 25 substance abuse programs, 22 mental health program and nine HIV/AIDS services-providers. Through community-based primary care centers and care provided at San Francisco General Hospital, the Department serves an average of 12,800 patients from Bayview Hunters Point annually, with an average of over 31,900 visits each year.

BVHP experiences a disproportionate number of social determinants with adverse effects on health: crime and violence; environmental injustice; limited high-quality employment opportunities; fewer resources for nutritious foods; fewer opportunities for recreation; lack of culturally competent providers; and barriers to access to health care. BVHP's disproportionate exposure to the negative social determinants results in negative health outcomes and health disparities, including:

- Lower life expectancy
- Greater rates of violent injuries
- Higher rates of hospitalization for chronic diseases including heart disease and asthma
- High rates of mortality from cancer
- Higher infant mortality

Dr. Katz presented an overview of the health issues in several key areas, including Environmental Health, Behavioral Health, Diet and Physical Activity, HIV/AIDS, Cancer, STDs, Maternal Child Health and Injury Prevention. For each of these areas, Dr. Katz detailed DPH activities to improve outcomes. Dr. Katz then presented recommendations for further work.

Recommendations for Further Work

General Health Care
- Increase chronic care models to provide better care for diabetics, asthmatics and other chronic illnesses
- Increase availability of specialty care

Environmental Health
- Identify key health assets in BVHP to be prioritized in the Bayview Redevelopment Plan
- Ensure sufficient resources for the Green Business Program to conduct outreach and training
- Use noise and air monitoring to ensure transportation and land use planning for future development
- Develop more open space and recreational opportunities in BVHP.

Asthma
- Create asthma information website
- Fund mold remediation workshops
- Cluster asthma care days to utilize mobile spirometry and education services.

Tobacco Use and Related Issues
- CCSF should adopt policies that protect residents from second hand smoke

Behavioral Health
- Fund additional culturally appropriate behavioral health clinicians
- Fund wraparound services for those not meeting Medi-Cal criteria
- Extend mental health service hours and create a drop-in clinic

Diet and Physical Activity
- Disincentives to retailers selling unhealthy foods
- Revitalize the Bayview Farmers market and possibly change location

HIV/AIDS

- Design public image and pride campaign
- Develop positive social networks to reduce isolation and depression

STDs

- Fund education efforts for medical providers to routinely screen sexually active youth
- Seek funding to provide increased staffing to conduct STD screening 24 hours a day in jail health programs

Dr. Katz concluded his presentation by saying the disparities in BVHP need to be addressed in a comprehensive strategic manner and DPH needs to work with the community to prioritize recommendations for expanded services.

Public Comment

- Jacob Moody, Bayview Hunters Point Foundation, illustrated the need for more coordinated leadership and efforts with two examples of city departments not aware of each others activities. There must be broader conversations that coordinate efforts. Good intentions expressed by others towards Bayview Hunters Point need to be harnessed. There are a number of missed opportunities. There are resources in the community that when seen as assets can change the quality of life of people living in the community. Coordination must happen at the highest level, and solutions must not be imposed on the community.

- Cathy Davis, Bayview Hunters Point Senior Services, said seniors are missing from the report. There are a lot of aging seniors in the community, and they need to be considered in planning efforts. There are not a lot of programs that are geared toward and allow seniors to stay in the community. Seniors are leaving because facilities and services are not available. Please add the services that allow seniors to age in place to DPH's scope.

- Perry Lang, Black Coalition on AIDS, said that BCA provides HIV services to men and women, straight and gay alike. The initial report stated that BCA only provided HIV services to men. We need to engage directors and board members of agencies involved in this work in this dialogue. This is not happening. He also urged the establishment of a Health Support Center. There needs to be a larger conversation with the people who do the work and do the research to develop the recommendations for dealing with chronic health conditions.

- Jesse Tello said that Bayview needs a lot of help. There needs to be more outreach for these kinds of meetings. He is proud to be in this neighborhood. Many of the problems are caused by people not from this community. The police have cleaned out a lot of the drug dealers, but they still gather on Newhall and Kirkwood. He wants more police surveillance. Sports are needed in the community. The Mayor's Office and the Recreation and Park Department need to increase sports opportunities.

- Daisy Anarchy, Sex Workers Organized for Labor, Human and Civil Rights, said her organization fights for the rights of all sex industry workers. They have worked with DPH staff over the years, and have established a good working relationship. However, they have been unsuccessful in attempts to meet with Jeffrey Klausner, and would like assistance in making this happen. The St. James Infirmary and SWOP have been lobbying against legislation that will protect sex workers. It's totally inappropriate for DPH and Dr. Klausner to be working with St. James Infirmary and SWOP against this legislation.

- Marilyn Metz, M.D., Arthur H. Coleman Medical Center, informed the Commission and the community that the Arthur H. Coleman Medical Center is working towards developing a non profit that would allow them to expand the types of services they offer. Most of the preventable and chronic diseases that they deal with are lifestyle related, and as such they have found a need for support groups, classes, workshops and other forums where patients can receive health information. One-on-one medical visits are not the place where people can get this kind of information. They have been in discussion with Mark Ghaly at Southeast Health Center about forming a public/private partnership. They have been sponsored by the San Francisco Foundation.

- Dr. Harrison Parker, Southeast Community Facility Commission and former Health Commissioner, said that over the past five years, San Francisco has lost 25 percent of its African American population, 10 percent of the Latino population and 5 percent of its overall population. What impact has this had on health disparities in Bayview Hunter's Point. DPH has been increasing the amount of funding targeted toward Bayview Hunter's Point. What impact has this had on health disparities? The community needs to know what they are getting. When environmental health determinants are reduced, the population's health will improve. He offered a number of suggestions: create a policy to prorate available community health program funds according to health disparities; create a policy to incrementally increase primary health prevention funds from two percent to 10 percent to reduce the onset of disease and disability; to plan proactively and set goals for health disparity reductions; and, as the San Francisco safety net, to advocate to the Board of Supervisors the right to certify all identifiable health determinants and health disparities in the City and County of San Francisco.

- Ahimsa Porter Sumchai, M.D., has submitted corrections to the report via e-mail. For example the incidence of homicide in Bayview has not declined. One area where DPH needs to be proactive is in the area of environmental impact reports. There have been a number of large projects that would have large health impacts, and the Health Department has to take a larger role. The Department also has to take a larger role in the area of lead and air quality.

- Abner Boles, Ph.D., Executive Director, Westside Community Services, said it is imperative that the commission reidentifies violence and violence response as a public health issue. As part of this there needs to be identified recommendations and funds carved out for these programs. It is no longer tolerable and must be made the dynamic public health issue that must be responded to.

- Javarre Wilson, graduate student in the San Francisco State MPH Program, is disturbed by the disparities that are identified in the report. He is equally disturbed about the violence. He lives in Oakland, where the murder rate has surpassed that of last year. The leaders there say that the only response is more police officers on the streets. He disagrees that there is no effective way to deal with the violence in Bayview Hunters Point. The Health Department should work with other City departments to provide jobs, education, role models and other efforts. The Health Department should be more proactive in working with the residents and leaders in the community.

- Betty McGee, Executive Director, HERC, said HERC is the expert in pediatric asthma and women's health. Next year their contract will be put out to bid. They want to be able to continue providing the services they do now. With the funds they get from DPH, HERC was able to go into the homes clean up mold. To date they have done more than 100 homes. Through another grant they are leaving clean air machines in those homes. They would like to expand services to address childhood obesity. They have had requests from childcare facilities to do asthma training.

- Karen Pierce, director of the HEAP Program, offered to take commissioners on a "toxic tour," which looks at the condition of the neighborhood from the perspective of public health and environmental justice.

- Ena Aguirre said there are a number of forums that would be useful in disseminating information about community meetings. She offered to help the Health Commission for future meetings.

Commissioners' Comments

- Commissioner Monfredini said that each of the commissioners is willing to meet with anyone from the community to learn more about what we can do to increase input in Health Department activities and recommendations. Commissioner Monfredini said she would like the Health Commission to come back to the community in the next year, perhaps at a more convenient meeting time.

- Commissioner Tarver welcomes the invitation to come back to the community. This is essential because it is the Health Department's responsibility to address health disparities, and the Department and Commission's responsibility to be accountable to the community. DPH needs to be reorganized to be more integrated. Many organizations do not work together and could pool resources to be more flexible and coordinated. There needs to be a point person who is solely responsible for tracking health disparities, the Department's efforts and outcomes. We need to uncover the primary causes of people's behavioral health issues and primary health issues. The Department needs to reexamine how it connects with people about what their health needs are. Programs need to be targeted toward and welcoming to African Americans in order for them to feel like they are being served. He also commented on the loss of African American administrators within DPH. Recruitment efforts need to focus on this. Housing is a health issue and as housing is improved, health outcomes will improve. We need to think about families, as well as individuals. He views the data outlined in the report as a crisis. DPH can respond to this, but we must continue to hold ourselves accountable to making change. With regard to when to have a follow up Health Commission meeting, he recommends having discussions with community stakeholders regarding the appropriate time, location and outreach efforts.

- Commissioner Illig said this report is a good beginning for getting a grasp on the services DPH provides in Bayview Hunters Point. Next year, he would like to see a different report. For example, how much money is the Department putting into this neighborhood, and what are we getting for this investment. He noted that the outcomes for the Family Mosaic Project are excellent, and he would like to see this level of detailed outcomes for other intervention programs. He would like the Department to work with community stakeholders to identify, across the health spectrum, the desired outcomes and the problems we should tackle. Next year's report should have numbers attached to the interventions and identified strategies and outcomes. We also need to identify the impacts of the changing demographics in the community.

- Commissioner Umekubo said the community is faced with myriad problems. We need to prioritize the problems and try to break the cycle. This requires coordination across city departments and with the community. This is going to take resources. It would be nice if there were the ability to show small accomplishments as we take on this long task.

- Commissioner Guy heard today that leadership exists to coordinate programs and services to better serve this community. We have to look at what we want to do from a population-based perspective. We need to determine if we are to focus on the geographic neighborhood, which encompasses the changing demographics, or if we are to focus on changing the health status of the African American community in the area. From a policy planning perspective, she wants to see leadership working together to comprehensively and strategically plan for the future.

- Commissioner Sanchez said the comments conveyed a degree of trust that DPH is really working with the community as partners. He was encouraged by the testimony of the SFSU graduate student. This reminded him of the 60s when people came together concerned about violence, concerned about health, concerned about racism, concerned about housing, concerned about education. Communities change, but issues that impact the quality of life of individuals are constant, and it is good to see youth focused on these issues. Violence as a health issue should be one of our major focuses. We need to continue and reaffirm the dialogue with the community. The trust is here. And we are all partners. There are a lot of resources in the neighborhood, a major one being the Mission Bay campus. We need to work together to see that our young people have the benefit of these resources.

- Commissioner Chow said the Health Commission is committed to improving the health in this community and reducing disparities. We are getting much more information about the problems, and they are clearly complex. The Department has given us a snapshot with this report. There are 59 programs that provide services to this community. This clearly requires coordination, and we do not know the extent to which this happens. Clearly there is room for improvement. He believes that Dr. Katz's conclusions encompass the many things that need to be done. Some problems need to be addressed geographically, and some ethnically and culturally. For example, diabetes needs to be addressed in a culturally competent way throughout the city for those populations that are being impacted, for example the African American population. There is no question that the Health Department and Health Commission must work with the community to refine and prioritize recommendations. There should be outcomes for each of the initiatives. Violence is a health issue and is a citywide issue. Given this, what is the Health Department hoping to achieve? Disparities need to be addressed in a comprehensive strategic manner.

- Commissioner Monfredini committed to the neighborhood that the next time the Health Commission meets in the neighborhood, the Commission will work with neighborhood stakeholders to improve outreach and also will work to bring representatives from other city departments and commissions.

6) PUBLIC COMMENT/OTHER BUSINESS

None.

7) ADJOURNMENT

The meeting was adjourned at 5:35 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
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Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. **(415) 554-2666**
FAX **(415) 554-2665**

Web Site: **http://www.sfdph.org**

AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 3, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. ***The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.***

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) CALL TO ORDER

2) PROPOSED ACTION: **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 19, 2006**
**Minutes of the meeting of September 19, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **PHP–AB 75 Project** – Request for authorization of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) funds for Fiscal Year 2006-07.
** Request memo, CHIP expenditure description package*

(3.2) **PHP-Comm. Programs/AB75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $129,200, to provide fiscal intermediary services for the FY 2006-07 CHIP Hospital and Physician Program, for the period of November 15, 2006 through March 31, 2008 (16.5 months).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **PHP-Environmental Health/Policy & Planning** – Request for approval of a modification to the contract with Industrial Emergency Council, to increase the compensation by $70,800 for a new total of $181,216, which includes a 12% contingency, to provide Medical Specialist Rescue and Advanced Hazmat Life Support training for San Francisco Fire Department paramedics and firefighters, for the period of June 19, 2006 through November 31, 2006 (6 months).
** Contract summary*

(3.4) **PHP-EMSA** – Request for approval of a modification to the contract with First Watch Solutions, to increase the compensation by $25,000, for a new total of $100,800, which includes a 12% contingency, for an enhancement to the First Watch™ software application for the Real Time Syndromic Surveillance Information Project, for the period of March 1, 2005 through February 28, 2009 (48 months).
** Contract summary, Monitoring report summary*

Items for Discussion and Approval

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with UOP School of Dentistry, in the amount of $2,530,352, which includes a 12% contingency, to provide centralized comprehensive dental services to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Dolores Street Community Center, in the amount of $841,649, which includes a 12% contingency, to provide attendant care services, at Richard Cohen House, to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary & Response, Client demographic information form*

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Quan Yin Healing Arts Center, in the amount of $1,104,445, which includes a 12% contingency, to provide Complementary Alternative Medicine (CAM) or Complementary Therapies, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary & Response, Client demographic information form*

(3.8) **BHS** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $8,364,259, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summaries, Plan of correction, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION OPPOSING PROPOSITION 85**
(Commissioner James M. Illig)
**Resolution*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION SUPPORTING PROPOSITION 86**
(Commissioner James M. Illig)
**Resolution*

7 **FOR ACTION:** **APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS**
(Andre Campbell, M.D., Chief of Medical Staff, SFGHMC)
**Bylaws*

8) **FOR DISCUSSION:**
TIME SPECIFIC:
4:00 P.M.
SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD UPDATE
(Mitchell H. Katz, M.D., Health Director, Gene O'Connell, SFGHMC Executive Administrator and Kathy Jung, SFGHMC Facilities Director)
**Update*

9) **CLOSED SESSION**

A) Public Comments on All Matters Pertaining to the Closed Session

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

APPROVAL OF A SETTLEMENT IN THE AMOUNT OF $50,000 IN FRED FINCH YOUTH CENTER V. PUBLIC HEALTH/CMHS, CLAIM NO. 06-00904

D) Reconvene in Open Session

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) PUBLIC COMMENT/OTHER BUSINESS**

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: www.sfgov.org/ethics.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

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HEALTH COMMISSION

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 3, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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13/06

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1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:30 p.m.

Present:	Lee Ann Monfredini, President James M. Illig, Vice President Edward A. Chow, M.D. Roma P. Guy, M.S.W. David J. Sanchez, Jr., Ph.D. Donald E. Tarver, II, M.D.
Absent:	John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 19, 2006

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the September 19, 2006 Health Commission meeting. Commissioner Tarver asked that the September 19th minutes reflect that Dr. Sumchai submitted documents to the Health Department administration for archiving, and Dr. Parker submitted a written copy of his testimony.

Commissioner Illig noted that the October 24th Community Health Network Joint Conference Committee meeting will be focused on a follow-up to the meeting in Bayview, with a dialogue with staff and community leaders about specific health outcomes.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that Items 3.1, 3.2 and 3.3 be moved from the "Approval" section of the agenda to the "Discussion and Approval" section of the agenda.

Items for Approval

(3.4) **PHP-EMSA** – Request for approval of a modification to the contract with First Watch Solutions, to increase the compensation by $25,000, for a new total of $100,800, which includes a 12% contingency, for an enhancement to the First Watch™ software application for the Real Time Syndromic Surveillance Information Project, for the period of March 1, 2005 through February 28, 2009.

Items for Discussion and Approval

(3.1) **PHP–AB 75 Project** – Request for authorization of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) funds for Fiscal Year 2006-07.

Commissioners' Comments

- Commissioner Tarver would like to work with Samantha Stevens to discover what it would take to be able to provide root canals for posterior teeth, as an alternative to extractions. Samantha Stevens replied that for the entire low-income population of the city, they have 5.4 FTE dentists. Additional funding would allow additional root canals.

(3.2) **PHP-Comm. Programs/AB75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $129,200, to provide fiscal intermediary services for the FY 2006-07 CHIP Hospital and Physician Program, for the period of November 15, 2006 through March 31, 2008.

Commissioners' Comments

- Commissioner Tarver asked if there is any way Americhoice and DPH could require the providers who submit claims to provide ethnicity data. Ms. Culp replied that she would follow up on this issue with Jeffrey Leong, the DPH CHIPS administrator.

(3.3) **PHP-Environmental Health/Policy & Planning** – Request for approval of a modification to the contract with Industrial Emergency Council, to increase the compensation by $70,800 for a new total of $181,216, which includes a 12% contingency, to provide Medical Specialist Rescue and Advanced Hazmat Life Support training for San Francisco Fire Department paramedics and firefighters, for the period of June 19, 2006 through November 31, 2006.

Commissioners' Comments

- Commissioner Sanchez said San Francisco is very limited in its capacity as it does not have a helipad and he asked that they consider incorporating this limitation into a training exercise. Deputy Chief Navarro from the San Francisco Fire Department said in the 1980s there was a training exercise with the National Guard regarding air medical access.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with UOP School of Dentistry, in the amount of $2,530,352, which includes a 12% contingency, to provide centralized comprehensive dental services to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010 (4.5 years).

Commissioners' Comments

- Commissioner Tarver asked how UCSF supports alternatives to tooth extraction. Dr. Arthur Dugoni from UOP said saving the tooth is their first priority, and they offer services such as root canals. When they have to extract a tooth, they are able to provide a prosthesis to replace the tooth.

- Commissioner Chow said the contract documents do not clearly describe the types and number of services UOP is providing. Ms. Long said they have a price per procedure. They receive an annual report at the end of the year detailing the services. They did not include this list in the contract documents, but she could provide information on the range of services provided in the future. Ms. Long added that DPH only pays for a portion of the services the university provides.

- Commissioner Sanchez noted that the unknown ethnicity category is 39 percent, which is rather large. He thought that with the training that our providers receive, they would be more able and willing to identify ethnicity to provide accuracy to this information. He also asked for information about the cultural competency of the dentists in the program. The program manager from UOP said he was surprised at the large number of patients with unknown ethnicity. Patients are referred to UOP's program from other agencies, and UOP assumes that the data in REGGIE is complete, including ethnicity data. He generally checks for eligibility but will add ethnicity data. He ran two reports, one for the full 2005-2006 contract year, and one for the first seven months of this contract year. For FY 2005-2006, 11 patients are missing ethnicity data. For this year, 12 patients do not have ethnicity data. The data still indicates that the largest percentage of patients is white. He is committed to increasing outreach to more diverse, underserved communities. He will report on these efforts at the next contract cycle. Commissioner Sanchez said that a few years ago SFGH closed a major dental clinic that focused on minority, multilingual population with diverse providers. When this program closed, he expected to see some of this population served by UOP, but their ethnicity data has not changed much. He would like to increase access to these great services. This is a priority for the Budget Committee.

- *Commissioner Chow said that given the fact that this is a multi-year contract, he would like the* UOP School of Dentistry to report to the Health Commission through the AIDS Office on the outreach efforts.

- Commissioner Sanchez asked that this issue be brought back to the Budget Committee in one year for an update.

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Dolores Street Community Center, in the amount of $841,649, which includes a 12% contingency, to provide attendant care services, at Richard Cohen House, to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010.

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Quan Yin Healing Arts Center, in the amount of $1,104,445, which includes a 12% contingency, to provide Complementary Alternative Medicine (CAM) or Complementary Therapies, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010.

Commissioners' Comments

- Commissioner Tarver appreciates the challenges with the REGGIE data system. He asked Carla Wilson, Executive Director, to comment on her challenges. Ms. Wilson said the system has been both a blessing and a burden. Her agency has dealt with the limitation through one-on-one telephone calls to partner agencies around data input. She is optimistic about the future. Commissioner Tarver asked if the organization provides TB screening to employees. Ms. Wilson said they have not had the budget to provide this service. Commissioner Tarver encouraged her to link employees to DPH sites where they can get free testing. Ms. Wilson said that they would be mandating that staff be tested on an annual basis.

(3.8) BHS – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $8,364,259, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2006 through December 31, 2007.

Jim Stillwell said that he, Barbara Garcia, Director of Community Programs, Gregg Sass, Chief Financial Officer, Duane Einhorn, program manager and others have been meeting with HAFC's management team once or twice a month to review program and financial information. Mr. Stillwell noted that page 3 of the contract summary report has incorrect information, in that the Counseling, Rehabilitation and Aftercare program actually fell below one of its objectives. However, overall agency performance is acceptable.

Commissioners' Comments

- Commissioner Tarver asked if there is a staff person in CBHS and or HAFC that has relationships with the Parole Officers to enhance flow and referrals. Ben Eiland said they have monthly meetings with the parole department to dialogue about ways to make sure clients get where they need to get. Commissioner Tarver asked if DPH is optimistic about the agency being able to meeting the objectives in the BASN program. Rudy Aguilar, Community Substance Abuse Services, said he feels optimistic.

- Commissioner Chow asked if staff feels the agency has the adequate resources to provide the services they are being contracted for. Mr. Stillwell said HAFC has a very active management team and he feels confident that they will be able to fulfill the contract.

- Commissioner Sanchez asked Mr. Eckstrom, HAFC Executive Director, if he feels confident about the future of the organization. Mr. Eckstrom said that thanks to the quality of their staff, they have been able to provide quality program. The Board of Directors is also very active in addressing the future success of the agency.

- Commissioner Tarver added for the record that the program description on page 3.8.20 should say "San Francisco men, women, transgender men and transgender women."

Commissioners' Comments (at Health Commission meeting)

- Commissioner Sanchez said that the Deputy Director of Finance has been working with the Budget Committee and Department divisions to develop criteria for multi-year contracts. Interim criteria have been approved and Ms. Okubo will return to the Budget Committee and Health Commission in November with a final document.

- Commissioner Monfredini asked the Budget Committee members to comment on their confidence in Haight Ashbury Free Clinic. Commissioner Sanchez replied that DPH staff meets with the agency regularly and will continue to do so. Both DPH staff and agency staff expressed confidence in the agency's ability to fulfill the contract.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Ryan White CARE Update

Congress adjourned for the November election on September 30th without reauthorizing the Ryan White CARE Act. On September 28th, the House passed a reauthorization bill that would have meant a $1 million loss to San Francisco for the first three years and a $10 million loss in year four. San Francisco currently receives more than $27 million per year in Ryan White funding to provide care for persons with HIV and AIDS. The Senate failed to reach agreement prior to the September 30th deadline. The Senate resumes work on the bill when it returns to its lame-duck session in December, and the hope is that a reauthorization bill that is more favorable to cities like San Francisco can be passed.

State Legislation Updates: SB 1661, AB 2968, and AB 631

Last week produced a flurry of good legislative news for The Department.

- On Friday, September 29th, the Governor signed SB 1661 (Cox), legislation that extends the hospital rebuild deadline an additional two years. Hospitals, including SFGH, that are rebuilding in response to SB 1953 seismic standards now have until 2015 to rebuild provided they meet specific milestones including a good faith effort to comply with the rebuild requirements. SFGH is reviewing the legislation to see whether San Francisco will meet the milestones detailed in the bill.

- The Governor also signed AB 2968 on Saturday, September 30th, which creates a Medi-Cal reimbursement rate structure for community living support services to assist San Francisco beneficiaries who would otherwise be homeless, living in shelters, or institutionalized. This is a San Francisco-specific waiver that will provide community-based care targeted to individuals seeking to leave Laguna Honda Hospital (LHH) or persons at imminent risk of entering LHH absent such services. Prior to this legislation, Medi-Cal provided a single reimbursement rate for the range of services beneficiaries need when they were in an inpatient institutional setting. However, no such designated reimbursement rates existed for community-based living services in San Francisco. This created significant barriers to the provision of community-based care for Medi-Cal beneficiaries, especially those who are homeless, who have multiple and complex service needs that often require these services in a residential setting such as a Residential Care Facility for the Elderly (RCFE). While Medi-Cal reimbursement was available for coordinated services to meet a wide range of patient needs in inpatient settings, like LHH, the City was forced local general funds to coordinate care provided in the community. This significantly limited these efforts, and some types of residential settings were not covered, including RCFEs. Implementation of this legislation will mean more options for lower income individuals in need of long-term care, simplification of uncoordinated and complex reimbursement, and reductions in inappropriate inpatient care, consistent with the Supreme Court's Olmstead decision.

- Finally, Assemblyman Mark Leno's Office informed us that Governor Schwarzenegger had signed AB 631 (Leno) into law. This changes regulations around methadone treatment to allow the utilization of methadone vans to provide comprehensive treatment services to opiate addicts. The new legislation effectively allows our successful methadone van program to move from "pilot" status to becoming a "real" treatment program, and also allows us to begin enrolling MediCal clients into van treatment services once the bill becomes law January 1, 2007.

Cryptosporidiosis: A Surveillance Success

The Bay Area Cryptosporidiosis Surveillance Project, a project of the Environmental Health Section's Program on Health Equity and Sustainability, was responsible for the early detection of an outbreak of cryptosporidiosis in Santa Clara County in August 2006. Epidemiologist Michelle Kirian, coordinator for the project, noticed an increased number of cases from Santa Clara County and informed the county collaborators on August 14, 2006. Four days later, on August 18, the number of cases exceeded the action level set in the San Francisco Public Utilities Commission (SFPUC) *Cryptosporidium* Detection Action Plan, and the multi-agency emergency plan was activated. The first order of business was to rule out the possibility of any association with drinking water.

Case interviews suggested an interactive water fountain at Cesar Chavez Park in San Jose as a possible source. Concurrently, several salmonellosis cases reported to the Santa Clara County Health Department also had history of exposure to the same fountain. Water samples revealed the presence of *Cryptosporidium*, and the fountain was closed on August 25, 2006.

The early detection and rapid identification of the likely source of the outbreak undoubtedly prevented a larger outbreak, and illustrates the importance and efficacy of DPH's Bay Area Cryptosporidiosis Surveillance Project, which is funded under a work order from the SFPUC.

LHH and Volunteers Inc. Celebrate 50 Years

Late last month, Laguna Honda Hospital held its annual Volunteer Recognition Tea, a collaboration between the Volunteer Services Department and Volunteers Inc. Volunteers Inc. is a private non-profit organization whose mission is to enhance the well-being and quality of life for the residents of Laguna Honda Hospital. They accomplish this through financial support of resident activities and purchase of equipment and services that directly benefit the residents.

This year's Tea marked the 50th anniversary of Volunteers Inc. The majority of volunteers were recognized for donating between 1000 to 8000 cumulative hours. One volunteer achieved the 14,000-hour mark and another exceeded 16,000 cumulative hours. Volunteers received pins for years of service in the 5-year, ten-year, fifteen-year, and twenty-year categories. For cumulative years of service, volunteers received special recognition and orchids for 41 and 46 years of service. The event was hosted by Terry Lowry, former TV personality and member of the Volunteers Inc. Board.

Laguna Honda Welcomes Back Goats
In a true public health interpretation of encouraging San Franciscans to eat local, organic, sustainable food, approximately a 1,000 Boar Goats are eating their way through 23 acres of poison oak and blackberry brambles on the grounds of Laguna Honda Hospital over the next 10 days. This is the second year the goats have dined al fresco on the hills at Laguna Honda Hospital. We anticipate the goats will have an annual, standing reservation at LHH to help us manage the vegetation. The goats are a popular attraction among the neighborhood residents.

Walking for a Better Heart at LHH
Staff at Laguna Honda Hospital is participating in the American Heart Association's *Walk While We Work* program this Friday, October 6, at noon. All participants are encouraged to take the 10,000 Step Challenge in the fight against heart disease and stroke. The event will end with a BBQ for all residents and staff.

Ethnic Physician Leadership Summit
Commissioner Edward Chow, MD and Dr. Katz were speakers at the 2006 Ethnic Physician Leadership Summit in Los Angeles on September 30th. Dr. Chow spoke on "Delivering Care to Ethnic Minorities" and Dr. Katz spoke on "Immigrant Health."

CBHS Director Recognized
Congratulations to Robert P. Cabaj, MD, Director of the Department of Public Health's Community Behavioral Health Services, who was awarded the *National Association of Lesbian and Gay Addiction Professionals Finnegan-McNally Founders Award.* Dr. Cabaj received the award this past weekend for "his support of the NALGAP mission to improve substance abuse prevention and treatment services for Lesbian, Gay, Bisexual and Transgender individuals continuously for over 25 years."

Commissioners' Comments

- Commissioner Chow asked if AB 2968 is the legislative solution San Francisco was looking for in order to have funds for community-based care to people outside of Laguna Honda. Dr. Katz said yes, this waiver is what San Francisco was looking for. It is San Francisco-specific legislation in that San Francisco is the only city that has a Laguna Honda. Commissioner Chow said this is a tremendous accomplishment and he congratulated staff. This has taken years of work.

- *Commissioner Illig congratulated DPH staff on the AB 2968 waiver. This is one of the* recommendations from the HMA report and DPH worked very hard to get it. With regard to the Ryan White CARE Act, there was a lot of behind the scenes work by DPH and others to ensure that this iteration of the bill did not get through. If it had passed, it would have devastated San Francisco. The fact that this did not pass as written provides an opportunity to advocate for better legislation, and he looks forward to working with staff and Congresswoman Pelosi on this issue.

- Commissioner Monfredini said she has been hearing many comments about how hard the DPH website is to navigate, and asked if there are resources to improve the website. Ms. Kronenberg will work with the webmaster on this issue.

5) CONSIDERATION OF A RESOLUTION OPPOSING PROPOSITION 85

Commissioner Illig said he asked that this resolution, and the one following regarding Proposition 86, be placed on the agenda because one role of the Health Commission is to educate the public about issues that impact health and health access.

Anne Kronenberg formally introduced Jim Soos as the new Assistant Director of Policy and Planning. Mr. Soos said that Proposition 85 would impose a waiting period and require parental notification when a young woman is seeking to terminate a pregnancy. The Department believes Proposition 85 is not in the city's best medical interest. The City has officially opposed Proposition 85. Ms. Kronenberg added that Dr. Katz has submitted an op-ed piece and letter to the editor on this proposition.

Commissioners' Comments

- Commissioner Illig asked how Proposition 85 differs from Proposition 73, which was defeated in last year's special election. Mr. Soos said that he could see no difference between the two.

- Commissioner Chow noted that Proposition 85 requires parental notification, not parental permission. This might be the difference between Proposition 85 and Proposition 73. He supports the resolution opposing the proposition.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved Resolution 12-06, "Resolution Opposing Proposition 85 – Waiting Period and Parental Notification Before Termination of Minor's Pregnancy," (Attachment A).

6) CONSIDERATION OF A RESOLUTION SUPPORTING PROPOSITION 86

Jim Soos, Assistant Director of Policy and Planning, presented a resolution supporting Proposition 86, the Tobacco Tax Act of 006. This is a state initiative that, if passed, would raise the state's tobacco tax by an additional $2.60 per pack. It is estimated to produce more than $2 billion in annual revenue to fund children's health insurance, emergency room care, nursing education, disease prevention, medical research and programs that will reduce smoking. Mr. Soos said the city has not taken an official position on Proposition 86.

Commissioners' Comments

- Commissioner Chow said he heard claims that large private hospital chains are going to take most of the money. He asked if there are counter arguments that make sense and if there is an estimate as to how much money public hospitals would receive. Ms. Soos does not have specific financial information but in conversation with Gene O'Connell there is the potential for significant funds for San Francisco General Hospital.

- Commissioner Tarver said he has spoken to smokers about this ballot initiative and has mixed feelings. Many people are truly addicted and will have a hard time stopping smoking, and the tax will have a larger impact on poor people.

- Commissioner Illig said that as a recovering smoker, who struggled with addiction for years, he supports this effort. He said that there are several stores within the vicinity that sell individual cigarettes, which is a health code violation.

- Commissioner Chow asked if Dr. Katz has a position as the Director of Health. Dr. Katz said he is in favor of the proposition, but noted that not everyone agrees with how the money is going to be allocated. For example, CMA is in support of the proposition, but has not put its full clout behind the initiative.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved Resolution 13-06, "Resolution Supporting Proposition 86 – the Tobacco Tax Act of 2006," (Attachment B).

7) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Andre Campbell, M.D., Chief of SFGHMC Medical Staff, presented proposed changes to the SFGHMC Medical Staff Bylaws and Rules and Regulations. These changes have been approved by the medical staff. The proposed changes are in the following areas:

- Requirement for practitioners to possess a National Provider Identifier (NPI)
- Deletion of Medical Record Review Subcommittee as a PIPS subcommittee
- Change in Cancer Committee Composition
- Additional non-discrimination language pursuant to NCQA guidelines
- Applicant's Right to be Informed language
- Addition of Patient Safety Coordinating Committee as a new PIPS subcommittee
- Pharmacy and Therapeutics Committee – clarification of reporting requirements to the Medical Executive Committee
- Functions of Chiefs of Clinical Services – additional language to comply with JCAHO Standards and Elements of Performance regarding focused review
- Disaster Privileges – additional language to comply with JCAHO Standards and Elements of Performance regarding the implementation of emergency situations and disaster privileges
- Medical Histories and Physical Examinations – additional language to comply with JCAHO Standards and Elements of Performance regarding monitoring of medical histories and applicability to non-inpatient services

Commissioners' Comments

- Commissioner Monfredini asked if the Chief of Staff oversees credentialing during an emergency or if he or she has to carry out this function him or herself. Dr. Campbell said the Chief of Staff is responsible for this duty, but does not have to credential every single person him or herself.

- Commissioner Chow asked if there was a logic given for certain people taken off the Cancer Committee and others being added. Dr. Campbell said that these changes resulted from a direct request from the Cancer Committee. Commissioner Chow asked if the Tumor Registry Clerk was a clerical position and, if so, why this person is a voting member of the committee. Deputy City Attorney Kathy Murphy said her understanding is that the Tumor Registry Clerk is actually a nurse practitioner on staff. She will find out exactly what the title should be.

- Commissioner Monfredini said that she does not want to second guess the Cancer Committee but she is less than thrilled that Urology will no longer be an official member of the committee.
- Commissioner Chow said that future iterations of the medical staff bylaws should consider not explicitly listing members of the committee.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the San Francisco General Hospital Medical Staff Bylaws and Rules and Regulations.

8) SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD UPDATE

Dr. Katz presented an update on the SFGHMC rebuild. Dr. Katz reminded the Commission that SB 1953 requires the acute care hospital to be rebuilt by 2013 or closed by 2008. There have been a variety of planning efforts to analyze replacement alternatives. In October 2005 the Mayor's Blue Ribbon Committee gave the direction to rebuild the hospital at the Potrero campus. The Department of Public Health retained Anshen & Allen to undertake a site feasibility study to determine if a new hospital could be constructed on the west campus without demolition of any existing buildings.

The study found that:

- A compliant hospital can be built on the west lawn without demolishing the historic buildings or other buildings.
- The space program can be accommodated within the existing zoning height limits.
- The new building will be lower than the existing acute care hospital.
- A large "super-floor" basement is recommended for diagnostic and interventional functions to minimize the building height and maximize access to inexpensive building area.
- The construction envelope as depicted can accommodate a building of 230 beds, a size consistent with the current capacity (assuming 120 psych and skilled nursing beds remain in the existing hospital) and also affords a building capacity of up to 267 beds.
- The proposed site circulation relocates ambulance traffic from a residential street to a campus service road.
- The new hospital can be constructed for $622 million.
- The FF&E budget is estimated at $158 million.

Dr. Katz introduced Derek Parker, Zigmund Rubel, Mark Primeau and Kathy Jung, all of whom worked very hard on this project.

Commissioners' Comments

- Commissioner Guy asked what the next steps are. Dr. Katz said they are engaged already in the next steps, thanks to the Mayor and Board of Supervisors appropriating money for a capital project before a bond is put before the voters. They are in the RFP process for the

Environmental Impact Report and will soon be going through the RFP process for architectural services for the design of the building. DPH will be at SFGH Carr Auditorium on Thursday for a presentation to community partners in the Mission, Bayview and Potrero neighborhoods.

- Commissioner Monfredini thanked Derek Parker for his vision in making this happen.

- Commissioner Illig asked if any consideration was given to building over 101. Dr. Katz said that they did not ask the architects to look at this option. Commissioner Illig asked if any consideration was given to removing the stairs from the red brick buildings. Mr. Parker said they took the approach of is there a way to build in the area without touching the historic buildings, within the existing height limit and connection with the H building. Commissioner Illig asked if they considered building more than one superfloor. Mr. Parker said they did not need to do this, and to do so would create more risk. Commissioner Illig asked if the emergency room would be in the new building. Mr. Parker said it would be in the new building on the north side. Commissioner Illig asked if the helipad location was considered. Mr. Parker said the location was not determined, but there are a number of feasible locations. Dr. Katz added that the Department, with the Health Commission's support, is moving forward with the helipad now for the existing H building. The cost of the helipad is minimal. These are two separate discussions.

- Commissioner Tarver said it might behoove staff to re-examine the potential for moving the outside stairs on Building 30. Commissioner Tarver is in favor of an attachment to the H building, which will afford easier access to services that remain in the existing facility. It will also decrease feelings of alienation. Commissioner Tarver asked how they arrived at the escalation factor. Dr. Katz said they used historical data and looked at what other projects were using. Commissioner Tarver said he looks forward to hearing about what services will move to the new hospital and which would remain in the current facility. Commissioner Tarver asked if consideration has been given to green building. Mr. Parker said they are doing this at Laguna Honda Hospital, and will be applying for LEEDS certification with the US Green Building Council. He hopes to do the same with San Francisco General Hospital.

- Commissioner Chow said this proposal is the result of being able to do more concrete planning. This is a wonderfully thought out proposal. He asked when the Health Commission would get its next progress report. Dr. Katz said he would prepare the timeline for the Commission, but that this should be reported every four months. Ms. Jung will bring the specific project timeline to the San Francisco General Hospital Joint Conference Committee. With regard to the bond issue, this will not be brought forward until it is ready. That said, in order to meet the 2015 deadline, they need to stay pretty close to their current schedule. The best guess is that they would bring a bond to the voters in 2008.

- Commissioner Guy asked if there are any accountability benchmarks that the State legislation requires that the Department must comply with. Kathy Jung, SFGHMC Facilities Director, said that the hospital has to be under construction by December 2011. Hospital plans must be submitted by December 31, 2008. The hospital must receive building permits by December 31, 2011. *Staff is analyzing all of these deadlines to see that SFGHMC can meet them.* Commissioner Guy asked when the soil report would be done. Ms. Jung said that she has the responses to the RFQ in hand, and they are starting the process of interviewing the respondents. They should have work done in the next six months. Commissioner Guy is hearing that there is consensus at the Board in support of this project. She asked if there is still controversy around the number of beds. Dr. Katz said that this plan allows for between 230-267 beds. There is also acceptance that 120 beds—psychiatry and SNF beds—would remain in the H building. People have also supported the idea that the existing H building could include more beds, and serve as a flexible backup. Given all this, the decision about 230 beds or 267 beds for the new building does not have to be made right now.

Gene O'Connell, SFGHMC Executive Administrator, presented the bed analysis that was done by the Camden Group. This independent consultant, who was not working for DPH, came to similar conclusions about the number of beds. This group worked very closely with DPH, reviewed the 2002 Lewin Group report and other analyses done about bed size. The Camden report shows that most likely SFGHMC will not be able to reduce its lengths of stay more than it already has. DPH does need to look at how many beds per unit and other design details. Also, most hospitals are building single rooms but SFGHMC has found it very cost effective to build 2-4 patient rooms. Ms. O'Connell reiterated that the more they can use the existing H building, the more the new hospital can accommodate additional rooms.

Commissioners' Comments

- Commissioner Tarver asked if PES would remain in the H building. Ms. O'Connell said yes.
- Commissioner Guy asked if the Camden Report was presented to the Board of Supervisors. She wants to anticipate any potential barriers. Dr. Katz did not present the report to the Board. His sense is that as long as there is flexibility, most people are satisfied that we are on the right track.

9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission went into closed session at 5:55 p.m.

Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini, Commissioner Illig, Commissioner Sanchez, Commissioner Tarver, Mitchell H. Katz, M.D., Director of Health, Kathy Murphy, Deputy City Attorney, Bob Cabaj, M.D., Director, CBHS and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) Approved a Settlement in the Amount of $50,000 in Fred Finch Youth Center v. Public Health/CMHS, Claim No. 06-00904.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:05 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) voted not to disclose any discussions held in closed session.

10) PUBLIC COMMENT/OTHER BUSINESS

- Daisy Anarchy, Sex Workers Organized for Labor, Human and Civil Rights, submitted a packet of materials to the Health Commission (on file in the Health Commission Office). The materials include a request to meet with Dr. Katz, a request that Dr. Klausner resign from DPH and a Sunshine Ordinance request for documents. Commissioner Illig told Ms. Anarchy that San Francisco has a non-profit sunshine act that requires agencies that contract with the City to comply with sunshine laws and also to allow public testimony at two Board of Director's meetings.

11) ADJOURNMENT

Commissioner Monfredini announced that the January 2, 2007 Health Commission meeting would be rescheduled to the January 9, 2007.

The meeting was adjourned at 6:05 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment(s): 2

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, October 17, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

DOCUMENTS DEPT

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The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 3, 2006**
**Minutes of the meeting of October 3, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **PHP-AIDS Office** – Request for approval accept and expend retroactively a new grant from the Centers of Disease Control and Prevention, in the total amount of $456,829, for the period of September 30, 2006 to September 29, 2008 and approve a contract with Public Health Foundation Enterprises Management Solutions, in the amount of $192,711 for year one and $175,027 for year two, for the period of September 30, 2006 to September 29, 2008 (2 year contract).
** Grant summary, Grant information form, Budget pages*

(3.2) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare west *dba* Saint Francis Memorial Hospital, in the amount of $504,000, which includes a 12% contingency, to provide 24-hour adult acute psychiatric inpatient hospital services, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Plan of correction, Client demographic information form*

(3.3) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Medical Center, in the amount of $856,800, which includes a 12% contingency, to provide adolescent acute psychiatric inpatient hospital services, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **CHPP-Health Promotion** – Request for approval of a sole source contract renewal with the Regents of the University of California-Family Health Outcomes Project, in the amount of $225,120, which includes a 12% contingency, to provide evaluation services to the DPH Seven Principles Project, for the period of September 30, 2006 through September 29, 2007 (1 Yr).
** Contract summary, Monitoring report summary*

(3.5) **CHPP** – Request for approval of sole source contract renewal with Booker T. Washington Community Services Center, in the amount of $348,553, which includes a 12% contingency, to provide logistical and administrative support services for the SevenPrinciples Project, targeting African Americans, for the period of September 30, 2006 through September 29, 2007 (1 Yr).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **PHP-Policy & Planning** – Request for approval of a modification to increase the contract with Anita Ruiz Contreras, by $60,450, for the new total amount of $109,200, which includes a 12% contingency, to provide Trauma Nurse Core Course training services for San Francisco Hospital Nurses, for the period of April 7, 2006 through November 30, 2006 (8 mos).
** Contract summary*

Items for Discussion and Approval

(3.7) **CBHS** – Request for approval of a contract modification with Central City Hospitality House, in the amount of $439,303 for a total amount of $1,584,391, which includes a 12% contingency, to provide mental health socialization and wellness services and pursuant to the Mental Health Services Act Supportive Services for Housing and a Peer Based Center, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
Contract summary, Monitoring report summaries

(3.8) **CBHS** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $8,488,789, with an annual amount of $5,659,193 which includes a 12% contingency, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2006 through December 31, 2007 (1.5 Yrs).
** Contract summary, Monitoring report summaries and Vendor response, Client demographic information forms*

(3.9) **CBHS** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $7,459,730, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2006 through June 30, 2007 (1 Yr).
** Contract summary, Monitoring report summaries, Client demographic information forms*

(3.10) **CHPP-AAHI** – Request for retroactive approval of renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $529,734, which includes a 12% contingency, to provide health and well services, for the period of July 1, 2006 through June 30, 2007 (1 Yr).
** Contract summary, Monitoring report summary and Vendor response, Client demographic information form*

(3.11) **Central Administration** – Consideration of a Board of Supervisors resolution retroactively approving listed contract modifications.
**Board of Supervisors Resolution, List of Contract Modifications*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION FOR THE MONTH OF OCTOBER**
**List of Awardees*

6) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION ENDORSING THE SAN FRANCISCO TOBACCO FREE COALITION PROPOSED SECOND HAND SMOKE POLICIES**
(Alyonik Hrushow, San Francisco Tobacco Free Project and Alexandra Hernandez, Co-Chair, San Francisco Tobacco Free Coalition)
**Update and Resolution*

7) **FOR DISCUSSION:** **NON-PROFIT CONTRACTING TASK FORCE UPDATE**
(Anne Okubo, Deputy Finance Director)
**Update*

8) **FOR DISCUSSION:** **DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT**
(Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning)
**Report*

9) PUBLIC COMMENT/OTHER BUSINESS**

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATIONS:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. SEATON

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

11) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Lee Ann Monfredini
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Vice President

Edward A. Chow, M.D.
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Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 3, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

1) CALL TO ORDER

Commissioner Monfredini called the meeting to order at 3:30 p.m.

Present:	Lee Ann Monfredini, President James M. Illig, Vice President Edward A. Chow, M.D. Roma P. Guy, M.S.W. David J. Sanchez, Jr., Ph.D. Donald E. Tarver, II, M.D.
Absent:	John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF SEPTEMBER 19, 2006

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the September 19, 2006 Health Commission meeting. Commissioner Tarver asked that the September 19th minutes reflect that Dr. Sumchai submitted documents to the Health Department administration for archiving, and Dr. Parker submitted a written copy of his testimony.

Commissioner Illig noted that the October 24th Community Health Network Joint Conference Committee meeting will be focused on a follow-up to the meeting in Bayview, with a dialogue with staff and community leaders about specific health outcomes.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that Items 3.1, 3.2 and 3.3 be moved from the "Approval" section of the agenda to the "Discussion and Approval" section of the agenda.

Items for Approval

(3.4) **PHP-EMSA** – Request for approval of a modification to the contract with First Watch Solutions, to increase the compensation by $25,000, for a new total of $100,800, which includes a 12% contingency, for an enhancement to the First Watch™ software application for the Real Time Syndromic Surveillance Information Project, for the period of March 1, 2005 through February 28, 2009.

Items for Discussion and Approval

(3.1) **PHP–AB 75 Project** – Request for authorization of the County Description of Proposed Expenditure of California Healthcare for Indigents (CHIP) funds for Fiscal Year 2006-07.

Commissioners' Comments

- Commissioner Tarver would like to work with Samantha Stevens to discover what it would take to be able to provide root canals for posterior teeth, as an alternative to extractions. Samantha Stevens replied that for the entire low-income population of the city, they have 5.4 FTE dentists. Additional funding would allow additional root canals.

(3.2) **PHP-Comm. Programs/AB75 Project** – Request for approval of a contract renewal with AmeriChoice, in the amount of $129,200, to provide fiscal intermediary services for the FY 2006-07 CHIP Hospital and Physician Program, for the period of November 15, 2006 through March 31, 2008.

Commissioners' Comments

- Commissioner Tarver asked if there is any way Americhoice and DPH could require the providers who submit claims to provide ethnicity data. Ms. Culp replied that she would follow up on this issue with Jeffrey Leong, the DPH CHIPS administrator.

(3.3) **PHP-Environmental Health/Policy & Planning** – Request for approval of a modification to the contract with Industrial Emergency Council, to increase the compensation by $70,800 for a new total of $181,216, which includes a 12% contingency, to provide Medical Specialist Rescue and Advanced Hazmat Life Support training for San Francisco Fire Department paramedics and firefighters, for the period of June 19, 2006 through November 31, 2006.

Commissioners' Comments

- Commissioner Sanchez said San Francisco is very limited in its capacity as it does not have a helipad and he asked that they consider incorporating this limitation into a training exercise. Deputy Chief Navarro from the San Francisco Fire Department said in the 1980s there was a training exercise with the National Guard regarding air medical access.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with UOP School of Dentistry, in the amount of $2,530,352, which includes a 12% contingency, to provide centralized comprehensive dental services to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010 (4.5 years).

Commissioners' Comments

- Commissioner Tarver asked how UCSF supports alternatives to tooth extraction. Dr. Arthur Dugoni from UOP said saving the tooth is their first priority, and they offer services such as root canals. When they have to extract a tooth, they are able to provide a prosthesis to replace the tooth.

- Commissioner Chow said the contract documents do not clearly describe the types and number of services UOP is providing. Ms. Long said they have a price per procedure. They receive an annual report at the end of the year detailing the services. They did not include this list in the contract documents, but she could provide information on the range of services provided in the future. Ms. Long added that DPH only pays for a portion of the services the university provides.

- Commissioner Sanchez noted that the unknown ethnicity category is 39 percent, which is rather large. He thought that with the training that our providers receive, they would be more able and willing to identify ethnicity to provide accuracy to this information. He also asked for information about the cultural competency of the dentists in the program. The program manager from UOP said he was surprised at the large number of patients with unknown ethnicity. Patients are referred to UOP's program from other agencies, and UOP assumes that the data in REGGIE is complete, including ethnicity data. He generally checks for eligibility but will add ethnicity data. He ran two reports, one for the full 2005-2006 contract year, and one for the first seven months of this contract year. For FY 2005-2006, 11 patients are missing ethnicity data. For this year, 12 patients do not have ethnicity data. The data still indicates that the largest percentage of patients is white. He is committed to increasing outreach to more diverse, underserved communities. He will report on these efforts at the next contract cycle. Commissioner Sanchez said that a few years ago SFGH closed a major dental clinic that focused on minority, multilingual population with diverse providers. When this program closed, he expected to see some of this population served by UOP, but their ethnicity data has not changed much. He would like to increase access to these great services. This is a priority for the Budget Committee.

- *Commissioner Chow said that given the fact that this is a multi-year contract, he would like the* UOP School of Dentistry to report to the Health Commission through the AIDS Office on the outreach efforts.

- Commissioner Sanchez asked that this issue be brought back to the Budget Committee in one year for an update.

(3.6) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Dolores Street Community Center, in the amount of $841,649, which includes a 12% contingency, to provide attendant care services, at Richard Cohen House, to HIV/AIDS-affected individuals, for the period of March 1, 2006 through August 31, 2010.

(3.7) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Quan Yin Healing Arts Center, in the amount of $1,104,445, which includes a 12% contingency, to provide Complementary Alternative Medicine (CAM) or Complementary Therapies, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010.

Commissioners' Comments

- Commissioner Tarver appreciates the challenges with the REGGIE data system. He asked Carla Wilson, Executive Director, to comment on her challenges. Ms. Wilson said the system has been both a blessing and a burden. Her agency has dealt with the limitation through one-on-one telephone calls to partner agencies around data input. She is optimistic about the future. Commissioner Tarver asked if the organization provides TB screening to employees. Ms. Wilson said they have not had the budget to provide this service. Commissioner Tarver encouraged her to link employees to DPH sites where they can get free testing. Ms. Wilson said that they would be mandating that staff be tested on an annual basis.

(3.8) **BHS** – Request for approval of a retroactive contract renewal with Haight Ashbury Free Clinics, Inc., in the amount of $8,364,259, which includes a 12% contingency, to provide substance abuse treatment services, for the period of July 1, 2006 through December 31, 2007.

Jim Stillwell said that he, Barbara Garcia, Director of Community Programs, Gregg Sass, Chief Financial Officer, Duane Einhorn, program manager and others have been meeting with HAFC's management team once or twice a month to review program and financial information. Mr. Stillwell noted that page 3 of the contract summary report has incorrect information, in that the Counseling, Rehabilitation and Aftercare program actually fell below one of its objectives. However, overall agency performance is acceptable.

Commissioners' Comments

- Commissioner Tarver asked if there is a staff person in CBHS and or HAFC that has relationships with the Parole Officers to enhance flow and referrals. Ben Eiland said they have monthly meetings with the parole department to dialogue about ways to make sure clients get where they need to get. Commissioner Tarver asked if DPH is optimistic about the agency being able to meeting the objectives in the BASN program. Rudy Aguilar, Community Substance Abuse Services, said he feels optimistic.

- Commissioner Chow asked if staff feels the agency has the adequate resources to provide the services they are being contracted for. Mr. Stillwell said HAFC has a very active management team and he feels confident that they will be able to fulfill the contract.

- Commissioner Sanchez asked Mr. Eckstrom, HAFC Executive Director, if he feels confident about the future of the organization. Mr. Eckstrom said that thanks to the quality of their staff, they have been able to provide quality program. The Board of Directors is also very active in addressing the future success of the agency.

- Commissioner Tarver added for the record that the program description on page 3.8.20 should say "San Francisco men, women, transgender men and transgender women."

Commissioners' Comments (at Health Commission meeting)

- Commissioner Sanchez said that the Deputy Director of Finance has been working with the Budget Committee and Department divisions to develop criteria for multi-year contracts. Interim criteria have been approved and Ms. Okubo will return to the Budget Committee and Health Commission in November with a final document.

- Commissioner Monfredini asked the Budget Committee members to comment on their confidence in Haight Ashbury Free Clinic. Commissioner Sanchez replied that DPH staff meets with the agency regularly and will continue to do so. Both DPH staff and agency staff expressed confidence in the agency's ability to fulfill the contract.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee consent calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

Ryan White CARE Update

Congress adjourned for the November election on September 30th without reauthorizing the Ryan White CARE Act. On September 28th, the House passed a reauthorization bill that would have meant a $1 million loss to San Francisco for the first three years and a $10 million loss in year four. San Francisco currently receives more than $27 million per year in Ryan White funding to provide care for persons with HIV and AIDS. The Senate failed to reach agreement prior to the September 30th deadline. The Senate resumes work on the bill when it returns to its lame-duck session in December, and the hope is that a reauthorization bill that is more favorable to cities like San Francisco can be passed.

State Legislation Updates: SB 1661, AB 2968, and AB 631

Last week produced a flurry of good legislative news for The Department.

- On Friday, September 29th, the Governor signed SB 1661 (Cox), legislation that extends the hospital rebuild deadline an additional two years. Hospitals, including SFGH, that are rebuilding in response to SB 1953 seismic standards now have until 2015 to rebuild provided they meet specific milestones including a good faith effort to comply with the rebuild requirements. SFGH is reviewing the legislation to see whether San Francisco will meet the milestones detailed in the bill.

- The Governor also signed AB 2968 on Saturday, September 30th, which creates a Medi-Cal reimbursement rate structure for community living support services to assist San Francisco beneficiaries who would otherwise be homeless, living in shelters, or institutionalized. This is a San Francisco-specific waiver that will provide community-based care targeted to individuals seeking to leave Laguna Honda Hospital (LHH) or persons at imminent risk of entering LHH absent such services. Prior to this legislation, Medi-Cal provided a single reimbursement rate for the range of services beneficiaries need when they were in an inpatient institutional setting. However, no such designated reimbursement rates existed for community-based living services in San Francisco. This created significant barriers to the provision of community-based care for Medi-Cal beneficiaries, especially those who are homeless, who have multiple and complex service needs that often require these services in a residential setting such as a Residential Care Facility for the Elderly (RCFE). While Medi-Cal reimbursement was available for coordinated services to meet a wide range of patient needs in inpatient settings, like LHH, the City was forced local general funds to coordinate care provided in the community. This significantly limited these efforts, and some types of residential settings were not covered, including RCFEs. Implementation of this legislation will mean more options for lower income individuals in need of long-term care, simplification of uncoordinated and complex reimbursement, and reductions in inappropriate inpatient care, consistent with the Supreme Court's Olmstead decision.

- Finally, Assemblyman Mark Leno's Office informed us that Governor Schwarzenegger had signed AB 631 (Leno) into law. This changes regulations around methadone treatment to allow the utilization of methadone vans to provide comprehensive treatment services to opiate addicts. The new legislation effectively allows our successful methadone van program to move from "pilot" status to becoming a "real" treatment program, and also allows us to begin enrolling MediCal clients into van treatment services once the bill becomes law January 1, 2007.

Cryptosporidiosis: A Surveillance Success

The Bay Area Cryptosporidiosis Surveillance Project, a project of the Environmental Health Section's Program on Health Equity and Sustainability, was responsible for the early detection of an outbreak of cryptosporidiosis in Santa Clara County in August 2006. Epidemiologist Michelle Kirian, coordinator for the project, noticed an increased number of cases from Santa Clara County and informed the county collaborators on August 14, 2006. Four days later, on August 18, the number of cases exceeded the action level set in the San Francisco Public Utilities Commission (SFPUC) *Cryptosporidium* Detection Action Plan, and the multi-agency emergency plan was activated. The first order of business was to rule out the possibility of any association with drinking water.

Case interviews suggested an interactive water fountain at Cesar Chavez Park in San Jose as a possible source. Concurrently, several salmonellosis cases reported to the Santa Clara County Health Department also had history of exposure to the same fountain. Water samples revealed the presence of *Cryptosporidium*, and the fountain was closed on August 25, 2006.

The early detection and rapid identification of the likely source of the outbreak undoubtedly prevented a larger outbreak, and illustrates the importance and efficacy of DPH's Bay Area Cryptosporidiosis Surveillance Project, which is funded under a work order from the SFPUC.

LHH and Volunteers Inc. Celebrate 50 Years

Late last month, Laguna Honda Hospital held its annual Volunteer Recognition Tea, a collaboration between the Volunteer Services Department and Volunteers Inc. Volunteers Inc. is a private non-profit organization whose mission is to enhance the well-being and quality of life for the residents of Laguna Honda Hospital. They accomplish this through financial support of resident activities and purchase of equipment and services that directly benefit the residents.

This year's Tea marked the 50th anniversary of Volunteers Inc. The majority of volunteers were recognized for donating between 1000 to 8000 cumulative hours. One volunteer achieved the 14,000-hour mark and another exceeded 16,000 cumulative hours. Volunteers received pins for years of service in the 5-year, ten-year, fifteen-year, and twenty-year categories. For cumulative years of service, volunteers received special recognition and orchids for 41 and 46 years of service. The event was hosted by Terry Lowry, former TV personality and member of the Volunteers Inc. Board.

Laguna Honda Welcomes Back Goats

In a true public health interpretation of encouraging San Franciscans to eat local, organic, sustainable food, approximately a 1,000 Boar Goats are eating their way through 23 acres of poison oak and blackberry brambles on the grounds of Laguna Honda Hospital over the next 10 days. This is the second year the goats have dined al fresco on the hills at Laguna Honda Hospital. We anticipate the goats will have an annual, standing reservation at LHH to help us manage the vegetation. The goats are a popular attraction among the neighborhood residents.

Walking for a Better Heart at LHH

Staff at Laguna Honda Hospital is participating in the American Heart Association's *Walk While We Work* program this Friday, October 6, at noon. All participants are encouraged to take the 10,000 Step Challenge in the fight against heart disease and stroke. The event will end with a BBQ for all residents and staff.

Ethnic Physician Leadership Summit

Commissioner Edward Chow, MD and Dr. Katz were speakers at the 2006 Ethnic Physician Leadership Summit in Los Angeles on September 30th. Dr. Chow spoke on "Delivering Care to Ethnic Minorities" and Dr. Katz spoke on "Immigrant Health."

CBHS Director Recognized

Congratulations to Robert P. Cabaj, MD, Director of the Department of Public Health's Community Behavioral Health Services, who was awarded the *National Association of Lesbian and Gay Addiction Professionals Finnegan-McNally Founders Award.* Dr. Cabaj received the award this past weekend for "his support of the NALGAP mission to improve substance abuse prevention and treatment services for Lesbian, Gay, Bisexual and Transgender individuals continuously for over 25 years."

Commissioners' Comments

- Commissioner Chow asked if AB 2968 is the legislative solution San Francisco was looking for in order to have funds for community-based care to people outside of Laguna Honda. Dr. Katz said yes, this waiver is what San Francisco was looking for. It is San Francisco-specific legislation in that San Francisco is the only city that has a Laguna Honda. Commissioner Chow said this is a tremendous accomplishment and he congratulated staff. This has taken years of work.

- *Commissioner Illig congratulated DPH staff on the AB 2968 waiver. This is one of the* recommendations from the HMA report and DPH worked very hard to get it. With regard to the Ryan White CARE Act, there was a lot of behind the scenes work by DPH and others to ensure that this iteration of the bill did not get through. If it had passed, it would have devastated San Francisco. The fact that this did not pass as written provides an opportunity to advocate for better legislation, and he looks forward to working with staff and Congresswoman Pelosi on this issue.

- Commissioner Monfredini said she has been hearing many comments about how hard the DPH website is to navigate, and asked if there are resources to improve the website. Ms. Kronenberg will work with the webmaster on this issue.

5) CONSIDERATION OF A RESOLUTION OPPOSING PROPOSITION 85

Commissioner Illig said he asked that this resolution, and the one following regarding Proposition 86, be placed on the agenda because one role of the Health Commission is to educate the public about issues that impact health and health access.

Anne Kronenberg formally introduced Jim Soos as the new Assistant Director of Policy and Planning. Mr. Soos said that Proposition 85 would impose a waiting period and require parental notification when a young woman is seeking to terminate a pregnancy. The Department believes Proposition 85 is not in the city's best medical interest. The City has officially opposed Proposition 85. Ms. Kronenberg added that Dr. Katz has submitted an op-ed piece and letter to the editor on this proposition.

Commissioners' Comments

- Commissioner Illig asked how Proposition 85 differs from Proposition 73, which was defeated in last year's special election. Mr. Soos said that he could see no difference between the two.

- Commissioner Chow noted that Proposition 85 requires parental notification, not parental permission. This might be the difference between Proposition 85 and Proposition 73. He supports the resolution opposing the proposition.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved Resolution 12-06, "Resolution Opposing Proposition 85 – Waiting Period and Parental Notification Before Termination of Minor's Pregnancy," (Attachment A).

6) CONSIDERATION OF A RESOLUTION SUPPORTING PROPOSITION 86

Jim Soos, Assistant Director of Policy and Planning, presented a resolution supporting Proposition 86, the Tobacco Tax Act of 006. This is a state initiative that, if passed, would raise the state's tobacco tax by an additional $2.60 per pack. It is estimated to produce more than $2 billion in annual revenue to fund children's health insurance, emergency room care, nursing education, disease prevention, medical research and programs that will reduce smoking. Mr. Soos said the city has not taken an official position on Proposition 86.

Commissioners' Comments

- Commissioner Chow said he heard claims that large private hospital chains are going to take most of the money. He asked if there are counter arguments that make sense and if there is an estimate as to how much money public hospitals would receive. Ms. Soos does not have specific financial information but in conversation with Gene O'Connell there is the potential for significant funds for San Francisco General Hospital.

- Commissioner Tarver said he has spoken to smokers about this ballot initiative and has mixed feelings. Many people are truly addicted and will have a hard time stopping smoking, and the tax will have a larger impact on poor people.

- Commissioner Illig said that as a recovering smoker, who struggled with addiction for years, he supports this effort. He said that there are several stores within the vicinity that sell individual cigarettes, which is a health code violation.

- Commissioner Chow asked if Dr. Katz has a position as the Director of Health. Dr. Katz said he is in favor of the proposition, but noted that not everyone agrees with how the money is going to be allocated. For example, CMA is in support of the proposition, but has not put its full clout behind the initiative.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved Resolution 13-06, "Resolution Supporting Proposition 86 – the Tobacco Tax Act of 2006," (Attachment B).

7) APPROVAL OF SAN FRANCISCO GENERAL HOSPITAL MEDICAL STAFF BYLAWS

Andre Campbell, M.D., Chief of SFGHMC Medical Staff, presented proposed changes to the SFGHMC Medical Staff Bylaws and Rules and Regulations. These changes have been approved by the medical staff. The proposed changes are in the following areas:

- Requirement for practitioners to possess a National Provider Identifier (NPI)
- Deletion of Medical Record Review Subcommittee as a PIPS subcommittee
- Change in Cancer Committee Composition
- Additional non-discrimination language pursuant to NCQA guidelines
- Applicant's Right to be Informed language
- Addition of Patient Safety Coordinating Committee as a new PIPS subcommittee
- Pharmacy and Therapeutics Committee – clarification of reporting requirements to the Medical Executive Committee
- Functions of Chiefs of Clinical Services – additional language to comply with JCAHO Standards and Elements of Performance regarding focused review
- Disaster Privileges – additional language to comply with JCAHO Standards and Elements of Performance regarding the implementation of emergency situations and disaster privileges
- Medical Histories and Physical Examinations – additional language to comply with JCAHO Standards and Elements of Performance regarding monitoring of medical histories and applicability to non-inpatient services

Commissioners' Comments

- Commissioner Monfredini asked if the Chief of Staff oversees credentialing during an emergency or if he or she has to carry out this function him or herself. Dr. Campbell said the Chief of Staff is responsible for this duty, but does not have to credential every single person him or herself.

- Commissioner Chow asked if there was a logic given for certain people taken off the Cancer Committee and others being added. Dr. Campbell said that these changes resulted from a direct request from the Cancer Committee. Commissioner Chow asked if the Tumor Registry Clerk was a clerical position and, if so, why this person is a voting member of the committee. Deputy City Attorney Kathy Murphy said her understanding is that the Tumor Registry Clerk is actually a nurse practitioner on staff. She will find out exactly what the title should be.

- Commissioner Monfredini said that she does not want to second guess the Cancer Committee but she is less than thrilled that Urology will no longer be an official member of the committee.

- Commissioner Chow said that future iterations of the medical staff bylaws should consider not explicitly listing members of the committee.

Action Taken: The Health Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the San Francisco General Hospital Medical Staff Bylaws and Rules and Regulations.

8) SAN FRANCISCO GENERAL HOSPITAL MEDICAL CENTER REBUILD UPDATE

Dr. Katz presented an update on the SFGHMC rebuild. Dr. Katz reminded the Commission that SB 1953 requires the acute care hospital to be rebuilt by 2013 or closed by 2008. There have been a variety of planning efforts to analyze replacement alternatives. In October 2005 the Mayor's Blue Ribbon Committee gave the direction to rebuild the hospital at the Potrero campus. The Department of Public Health retained Anshen & Allen to undertake a site feasibility study to determine if a new hospital could be constructed on the west campus without demolition of any existing buildings.

The study found that:

- A compliant hospital can be built on the west lawn without demolishing the historic buildings or other buildings.
- The space program can be accommodated within the existing zoning height limits.
- The new building will be lower than the existing acute care hospital.
- A large "super-floor" basement is recommended for diagnostic and interventional functions to minimize the building height and maximize access to inexpensive building area.
- The construction envelope as depicted can accommodate a building of 230 beds, a size consistent with the current capacity (assuming 120 psych and skilled nursing beds remain in the existing hospital) and also affords a building capacity of up to 267 beds.
- The proposed site circulation relocates ambulance traffic from a residential street to a campus service road.
- The new hospital can be constructed for $622 million.
- The FF&E budget is estimated at $158 million.

Dr. Katz introduced Derek Parker, Zigmund Rubel, Mark Primeau and Kathy Jung, all of whom worked very hard on this project.

Commissioners' Comments

- Commissioner Guy asked what the next steps are. Dr. Katz said they are engaged already in the next steps, thanks to the Mayor and Board of Supervisors appropriating money for a capital project before a bond is put before the voters. They are in the RFP process for the

Environmental Impact Report and will soon be going through the RFP process for architectural services for the design of the building. DPH will be at SFGH Carr Auditorium on Thursday for a presentation to community partners in the Mission, Bayview and Potrero neighborhoods.

- Commissioner Monfredini thanked Derek Parker for his vision in making this happen.

- Commissioner Illig asked if any consideration was given to building over 101. Dr. Katz said that they did not ask the architects to look at this option. Commissioner Illig asked if any consideration was given to removing the stairs from the red brick buildings. Mr. Parker said they took the approach of is there a way to build in the area without touching the historic buildings, within the existing height limit and connection with the H building. Commissioner Illig asked if they considered building more than one superfloor. Mr. Parker said they did not need to do this, and to do so would create more risk. Commissioner Illig asked if the emergency room would be in the new building. Mr. Parker said it would be in the new building on the north side. Commissioner Illig asked if the helipad location was considered. Mr. Parker said the location was not determined, but there are a number of feasible locations. Dr. Katz added that the Department, with the Health Commission's support, is moving forward with the helipad now for the existing H building. The cost of the helipad is minimal. These are two separate discussions.

- Commissioner Tarver said it might behoove staff to re-examine the potential for moving the outside stairs on Building 30. Commissioner Tarver is in favor of an attachment to the H building, which will afford easier access to services that remain in the existing facility. It will also decrease feelings of alienation. Commissioner Tarver asked how they arrived at the escalation factor. Dr. Katz said they used historical data and looked at what other projects were using. Commissioner Tarver said he looks forward to hearing about what services will move to the new hospital and which would remain in the current facility. Commissioner Tarver asked if consideration has been given to green building. Mr. Parker said they are doing this at Laguna Honda Hospital, and will be applying for LEEDS certification with the US Green Building Council. He hopes to do the same with San Francisco General Hospital.

- Commissioner Chow said this proposal is the result of being able to do more concrete planning. This is a wonderfully thought out proposal. He asked when the Health Commission would get its next progress report. Dr. Katz said he would prepare the timeline for the Commission, but that this should be reported every four months. Ms. Jung will bring the specific project timeline to the San Francisco General Hospital Joint Conference Committee. With regard to the bond issue, this will not be brought forward until it is ready. That said, in order to meet the 2015 deadline, they need to stay pretty close to their current schedule. The best guess is that they would bring a bond to the voters in 2008.

- Commissioner Guy asked if there are any accountability benchmarks that the State legislation requires that the Department must comply with. Kathy Jung, SFGHMC Facilities Director, said that the hospital has to be under construction by December 2011. Hospital plans must be submitted by December 31, 2008. The hospital must receive building permits by December 31, *2011. Staff is analyzing all of these deadlines to see that SFGHMC can meet them.* Commissioner Guy asked when the soil report would be done. Ms. Jung said that she has the responses to the RFQ in hand, and they are starting the process of interviewing the respondents. They should have work done in the next six months. Commissioner Guy is hearing that there is consensus at the Board in support of this project. She asked if there is still controversy around the number of beds. Dr. Katz said that this plan allows for between 230-267 beds. There is also acceptance that 120 beds—psychiatry and SNF beds—would remain in the H building. People have also supported the idea that the existing H building could include more beds, and serve as a flexible backup. Given all this, the decision about 230 beds or 267 beds for the new building does not have to be made right now.

Gene O'Connell, SFGHMC Executive Administrator, presented the bed analysis that was done by the Camden Group. This independent consultant, who was not working for DPH, came to similar conclusions about the number of beds. This group worked very closely with DPH, reviewed the 2002 Lewin Group report and other analyses done about bed size. The Camden report shows that most likely SFGHMC will not be able to reduce its lengths of stay more than it already has. DPH does need to look at how many beds per unit and other design details. Also, most hospitals are building single rooms but SFGHMC has found it very cost effective to build 2-4 patient rooms. Ms. O'Connell reiterated that the more they can use the existing H building, the more the new hospital can accommodate additional rooms.

Commissioners' Comments

- Commissioner Tarver asked if PES would remain in the H building. Ms. O'Connell said yes.
- Commissioner Guy asked if the Camden Report was presented to the Board of Supervisors. She wants to anticipate any potential barriers. Dr. Katz did not present the report to the Board. His sense is that as long as there is flexibility, most people are satisfied that we are on the right track.

9) CLOSED SESSION

A) Public Comments on All Matters Pertaining to the Closed Session

None.

B) Vote on Whether to Hold a Closed Session (San Francisco Administrative Code Section 67.11)

The Commission went into closed session at 5:55 p.m.

Present in closed session were Commissioner Chow, Commissioner Guy, Commissioner Monfredini, Commissioner Illig, Commissioner Sanchez, Commissioner Tarver, Mitchell H. Katz, M.D., Director of Health, Kathy Murphy, Deputy City Attorney, Bob Cabaj, M.D., Director, CBHS and Michele Seaton, Health Commission Executive Secretary.

C) Closed Session Pursuant to Government Code Section 54956.9 and San Francisco Administrative Code Section 67.10(d)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) Approved a Settlement in the Amount of $50,000 in Fred Finch Youth Center v. Public Health/CMHS, Claim No. 06-00904.

D) Reconvene in Open Session

The Commission reconvened in open session at 6:05 p.m.

1. Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).
2. Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session. (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) voted not to disclose any discussions held in closed session.

10) PUBLIC COMMENT/OTHER BUSINESS

- Daisy Anarchy, Sex Workers Organized for Labor, Human and Civil Rights, submitted a packet of materials to the Health Commission (on file in the Health Commission Office). The materials include a request to meet with Dr. Katz, a request that Dr. Klausner resign from DPH and a Sunshine Ordinance request for documents. Commissioner Illig told Ms. Anarchy that San Francisco has a non-profit sunshine act that requires agencies that contract with the City to comply with sunshine laws and also to allow public testimony at two Board of Director's meetings.

11) ADJOURNMENT

Commissioner Monfredini announced that the January 2, 2007 Health Commission meeting would be rescheduled to the January 9, 2007.

The meeting was adjourned at 6:05 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment(s): 2

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, October 17, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:15 p.m.

Present:
- Lee Ann Monfredini, President
- James M. Illig, Vice President
- Edward A. Chow, M.D.
- Roma P. Guy, M.S.W.
- David J. Sanchez, Jr., Ph.D.
- Donald E. Tarver, II, M.D.
- John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 3, 2006

Action Taken: The Commission approved the minutes of the October 3, 2006 Health Commission meeting with the following changes. On Page 2, comments under Item 3.5 were amended to read "UOP" rather than "UCSF." On page 11, the following was added to Commissioner Tarver's comments: "Commissioner Tarver said it might behoove staff to re-examine the potential for moving the outside stairs on Building 30 *to support aesthetic appeal and to increase available horizontal space."*

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver attended the Budget Committee meeting. Commissioner Chow joined the meeting for the discussion of Item 3.11. The Budget Committee requested that the following items be moved from the "Approval" section of the agenda to the "Discussion and Approval" section: 3.1, 3.2, 3.3 and 3.6.

Items for Approval

(3.4) **CHPP-Health Promotion** – Request for approval of a sole source contract renewal with the Regents of the University of California-Family Health Outcomes Project, in the amount of $225,120, which includes a 12% contingency, to provide evaluation services to the DPH Seven Principles Project, for the period of September 30, 2006 through September 29, 2007.

(3.5) **CHPP** – Request for approval of sole source contract renewal with Booker T. Washington Community Services Center, in the amount of $348,553, which includes a 12% contingency, to provide logistical and administrative support services for the SevenPrinciples Project, targeting African Americans, for the period of September 30, 2006 through September 29, 2007.

Items for Discussion and Approval

(3.1) **PHP-AIDS Office** – Request for approval accept and expend retroactively a new grant from the Centers of Disease Control and Prevention, in the total amount of $456,829, for the period of September 30, 2006 to September 29, 2008 and approve a contract with Public Health Foundation Enterprises Management Solutions, in the amount of $192,711 for year one and $175,027 for year two, for the period of September 30, 2006 to September 29, 2008.

(3.2) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare west *dba* Saint Francis Memorial Hospital, in the amount of $504,000, which includes a 12% contingency, to provide 24-hour adult acute psychiatric inpatient hospital services, for the period of July 1, 2006 through December 31, 2010.

(3.3) **CBHS** – Request for approval of a retroactive contract renewal with Catholic Healthcare West dba St. Mary's Medical Center, in the amount of $856,800, which includes a 12% contingency, to provide adolescent acute psychiatric inpatient hospital services, for the period of July 1, 2006 through December 31, 2010.

> Secretary's Note – Commissioner Illig and Commissioner Umekubo abstained from voting on this item.

Commissioners' Comments

- Commissioner Tarver asked why there is such a large difference in the rates for adolescent beds and the rates for adult beds. Ms. Chan-Sew said that they have been doing business with St. Mary's Hospital for many years. Katrina Bennett, Executive Director, said the cost for adolescents is approximately $1,300 per day, which is more than what they receive from the DPH contract. There are different requirements for this unit. Abby Yant, St. Francis Hospital said that St. Francis, in the spirit of cooperation with the memorandum of understanding between CHW and DPH, and the fact that there is a crisis in San Francisco regarding inpatient psychiatric facilities, agreed to the rates, although they do not cover the costs for this year. They are hoping that in the next fiscal year the rates could be increased. 27 different individuals were served through this contract. The contract was increased the contract from $50,000 to $100,000. Commissioner Tarver said more resources are needed to place people in the appropriate level of care and he appreciates St. Mary's and St. Francis cooperating and negotiating to allow for expanded access.

(3.6) **PHP-Policy & Planning** – Request for approval of a modification to increase the contract with Anita Ruiz Contreras, by $60,450, for the new total amount of $109,200, which includes a 12% contingency, to provide Trauma Nurse Core Course training services for San Francisco Hospital Nurses, for the period of April 7, 2006 through November 30, 2006.

Commissioners' Comments

- Commissioner Sanchez said this is a very important training protocol, and he asked for more detail about the evaluation and review that will be undertaken at the end of the training sessions. Ms. Ruiz Contreras said there is an evaluation component, both in terms of evaluating the course and evaluating the instructors. If performance falls below a certain level, the instructors must be counseled and subsequent courses that they teach are monitored. Mary Ellen Carroll said that at the end of the training program, 300 nurses would have been trained. Staff is currently evaluating whether to continue this training under a different source of funding.

- Commissioner Tarver is interested in hearing the final report once it is completed. Ms. Carroll said she would incorporate this into the November disaster preparedness report that will be presented to the Health Commission.

(3.7) **CBHS** – Request for approval of a contract modification with Central City Hospitality House, in the amount of $439,303 for a total amount of $1,584,391, which includes a 12% contingency, to provide mental health socialization and wellness services and pursuant to the Mental Health Services Act Supportive Services for Housing and a Peer Based Center, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Tarver asked if satisfaction surveys were done last year. Dr. Cabaj said that this is the first full year of the contract, and as such the official satisfaction survey has not been done yet. Dr. Cabaj added that the contract funding includes funding for additional staff. (Secretary's Note – the information regarding FTEs was submitted by the Contracts Office after the meeting.) Commissioner Tarver said that the Budget Committee has requested that the contract monitoring reports that come before the Commission also be reviewed by program managers who are presenting the contract and agency representatives to ensure that the reports are accurate.

(3.8) **CBHS** – Request for approval of a retroactive contract renewal with Conard House, in the amount of $8,488,789, with an annual amount of $5,659,193 which includes a 12% contingency, to provide residential, outpatient, supportive housing and vocational training mental health services, for the period of July 1, 2006 through December 31, 2007.

Commissioners' Comments

- Commissioner Sanchez commended the agency for its high performance standards.

- Commissioner Tarver is aware that there is a really tight pool of public payees, and he has had clients who have a great deal of difficulty getting appropriate rep payees. Stephen Banuelos, CBHS, said the CBHS rep payee program is relatively new, and operationally just started this year. They are looking to expand by 100 clients. This is something CBHS is working with the agency on. Conard House has a long history of rep payee services through HSA. The contract is designed to incrementally increase the number of clients that are served. Commissioner Tarver asked if there is a wait list of people waiting for a rep payee, and are there services available for people who are not in IMDs. Richard Heasley, Executive Director of Conard House, said they open wait lists when they know there are going to be open slots. Mr. Heasley said 30 of the 100 from the new group are going to be non-IMD clients. In total, Conard House serves approximately 1,000 clients through its rep payee program. Their system has unlimited capacity to expand on demand so as the need is expressed, the agency can respond.

(3.9) **CBHS** – Request for approval of a retroactive contract renewal with Family Service Agency of San Francisco, in the amount of $7,459,730, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Contracts

- Commissioner Tarver asked for a clarification about the unit of service cost for Children's Tenderloin case management services. Tom Mesa, CBHS, said that the contract summary page shows the minute rate rather than the hourly rate, which is the unit of service. The hourly rate is $112.80 per unit.

(3.10) **CHPP-AAHI** – Request for retroactive approval of renewal contract with Bayview Hunters Point Health and Environmental Resource Center, in the amount of $529,734, which includes a 12% contingency, to provide health and well services, for the period of July 1, 2006 through June 30, 2007.

Commissioners' Comments

- Commissioner Sanchez said that he could see the level of frustration in the documents that were presented to the Health Commission. He appreciates the challenges that contractors and the Department go through to make things work. Ms. Smyly said that programmatically the agency does really well and continues to meet its units of services. The Department has also challenged Bayview HERC to provide services a different way, with an emphasis on advocacy, and this will be a challenge.

- Commissioner Tarver asked Betty McGee, Bayview HERC Executive Director, if she was able to resolve her problems with the Department. Ms. McGee said that she feels they are on the right track, and that with continued cooperation with DPH staff they can continue to do good work. She added that the environmental advocacy is a new challenge and, given time, they will do this well. Commissioner Tarver asked if HERC has a relationship with Southeast Health Center. Ms. McGee said yes.

(3.11) **Central Administration** – Consideration of a Board of Supervisors resolution retroactively approving listed contract modifications.

Gregg Sass, DPH Chief Financial Officer, presented Item 3.11 at the Health Commission meeting as well as the Budget Committee meeting. Mr. Sass said the City Attorney has recently ruled that the Health Department contract approval process does not meet the requirements of the City Charter. The new interpretation means that many more contracts would need Board of Supervisors approval than has been the case in the past. Mr. Sass said the Health Department has always been respectful of the public nature of its contract approval process. Contracts are brought before the Health Commission with contract monitoring information and opportunities for public input and scrutiny by Commissioners. Mr. Sass said the Health Department is working with the City Attorney to prepare a Board of Supervisors resolution to approve contract modifications that have already been approved by the Health Commission. The Health Department is working with the City Attorney, Controller, Purchaser and other parties to prepare an amendment to the Administrative Code as a long-term solution.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Illig is very distressed by this issue. In the past, the City Attorney's Office has told contractors that San Francisco cannot do master contracts. Yet now the City Attorney is saying that contracts that span more than one year are really one contract, which is contradictory to previous statements. He applauds staff for coming up with a quick and efficient solution.

- Commissioner Guy asked if this new way of doing business changes anything. Mr. Sass said that the change to the Administrative Code would allow the Department to do things as they are done currently.

- Commissioner Chow said it seems as if using the sole source avenue as a legislative fix is a little oblique. Dr. Katz replied that this has been a very frustrating issue. The only way to change the Charter is to go to the voters. The Administrative Code can be changed legislatively to reflect that, for non-profit contractors, it is not sensible to rebid services every year. Short of changing the Charter, this is the best solution. Dr. Katz added that when the amendment to the Administrative Code is prepared, it would be submitted to the Health Commission.

Action Taken: The Commission approved the Budget Committee Consent Calendar. Commissioner Illig and Commissioner Umekubo abstained from voting on Item 3.3.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Pertussis Vaccine for New Moms at SFGH

The Communicable Disease Prevention Unit has established a pilot project with the State Immunization Branch enabling Labor and Delivery at SFGH to vaccinate new moms with Tdap (tetanus, diphtheria, pertussis) prior to discharge from the hospital. Until now, L&D was only able to access 20 doses a month for their 100+ deliveries. CDC recommends administering this new vaccine to adults in order to protect babies from pertussis (whooping cough), a disease prevalent in the adult population and deadly to young infants who cannot begin the vaccination series against the disease until they are two months of age.

IDSA 44th Annual Meeting
On Saturday, October 14, 2006 Dr. Katz delivered an invited talk on Emergency Preparedness for Epidemics at the Infectious Diseases Society of America (IDSA) 44th Annual Meeting.

District 10 Town Hall Meeting
Mayor Newsom and Supervisor Maxwell are holding a Town Hall meeting at noon Saturday, October 28 at the Southeast Community Facility, located at 1800 Oakdale Avenue. Department representatives have been invited to participate and to listen to community priorities. Jimmy Loyce will be representing DPH at the forum. A resource fair will be held before the Town Hall meeting at 11:00 am. All Commissioners are invited to attend this event.

Health Fair on Treasure Island
Treasure Island Homeless Development Initiative (TIHDI) and DPH are co-sponsoring the first annual Treasure Island Health Fair on October 28 from 11:00 a.m. - 3:00 p.m. DPH will have representation from Primary Care, Nutrition, Dental, STDs, Child Passenger Safety, and Family Mosaic. Other participating agencies will offer information on HIV Education and Support Services, Substance Abuse, and screenings for Asthma, Blood Pressure and Diabetes.

Curry Senior Center Open House
The Commissioners will be receiving an invitation to attend the Curry Senior Center Open House on November 8, from 4-6 p.m. Formerly known as the North of Market Senior Center, the Curry Senior Center has undergone a major seismic upgrade resulting in four new exam rooms, a new laboratory, registration area, two counseling/interview rooms, ADA improvements and a new ventilation system. The $2.5 million construction budget was a combination of seismic bond funds and financing from the Mayor's Office of Community Development, (MOCD) Community Development Block Grant (CDBG) funding.

Methamphetamine Study Launched
The National Institute of Health has funded three studies by the San Francisco Department of Public Health AIDS Office to determine whether medications have potential to both treat methamphetamine addiction and to reduce HIV risk behavior associated with methamphetamine use. In San Francisco, the rates of methamphetamine use are ten to twenty times higher than in the general population. Historically, pharmacological interventions have been shown to be effective in treating heroin, alcohol, and nicotine dependence. Three medications are planned for testing: bupropion (Wellbutrin), which is also used to treat depression and nicotine dependence; mirtazapine (Remeron), another antidepressant; and aripiprazole (Abilify), a mood stabilizer. While all the drugs are FDA-approved, none is approved for the treatment of methamphetamine dependence.

Participants will be randomized to receive one of the drugs or placebo. All participants will receive substance use counseling and HIV risk-reduction counseling. Researchers are hopeful that in combination with counseling, pharmacological interventions will reduce methamphetamine craving and withdrawal. Individuals interested in enrolling in the studies should call 415/554-9013 or visit www.sfbump.com. Grant Colfax, MD, is principal investigator for this study.

Chinese Gold Chef Competition
Staff from the Chinatown Public Health Center participated in a semi-finalist cook-off competition this afternoon for healthy, low-fat Chinese cooking at the Lady Shaw Center. The competition, entitled "Chinese Healthy Gold Chef Cooking Contest," also featured keynote speaker Dr. Desiree Backman, Manager of the California 5 a Day Campaign. Today's winning semifinalists will

advance to the finals scheduled for October 21 at the San Mateo Fair Grounds. The event sponsors include *Sing Tao Daily*, Self Health for the Elderly, Chinatown Public Health Center and Lifemark Group.

Tobacco Free Panelist

Tobacco Free Project staff member Mele Lau-Smith was a participant for the plenary panel at the 5th Annual Conference of APPEAL (Asian Pacific Partners for Empowerment, Advocacy and Leadership), October 12-13. The theme of the conference was, "Towards Justice for AAPIs: Applying Lessons from Tobacco Control to Obesity". The plenary panel was an interactive session to discuss how the lessons learned in tobacco control could be applied to the obesity epidemic.

Community Health Network, San Francisco General Hospital, October 2006 Credentials Report (From 10/02/06 MEC)

	10/06	07/06 to 10/06
New Appointments	24	73
Reinstatements	0	0
Reappointments	34	144
Delinquencies:	0	0
Reappointment Denials:	0	0
Resigned/Retired:	5	59
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	1	25
Voluntary Relinquishments	2	17
Proctorship Completed	5	30
Proctorship Extension	0	0

Current Statistics – as of 10/1/06			
Active Staff	479		
Courtesy Staff	557		
Affiliate Professionals (non-physicians)	207		
TOTAL MEMBERS	1,243		
Applications In Process		24	
Applications Withdrawn Month of October 2006		0	4 (07/06 to 10/06)
SFGH Reappointments in Process Nov. 2006 to Feb. 2007		189	

Commissioners' Comments

- Commissioner Chow asked if the pilot project allows for 100 vaccines per month. Ms. Kronenberg said that the pilot program allows SFGH to have as many doses per month as it needs. Commissioner Chow asked staff to get him additional information about why the State is calling this a pilot program, as opposed to just increasing access to the vaccine.

- Commissioner Guy asked if there is another purpose for the District 10 hearing, or is it an open forum to provide testimony to the District 10 Supervisor. Ms. Kronenberg said that it is an open forum, and every department in the city that deals with constituents has been invited to attend the meeting.

5) EMPLOYEE RECOGNITION FOR THE MONTH OF OCTOBER

Commissioner Illig presented the Employee Recognition Awards for the month of October.

Individual Award	**Division**	**Nominated By**
Janet Moomaw, LCSW	DPH	Marilyn O'Conner Barbara Wismer Meredith Florian Ann Dallman Karen Bayle Margaret Farny Alisa Oberschelp Chuck Marion Douglas Price-Hanson

Individual Award	**Division**	**Nominated By**
Charlie Mirimoto	DPH	Barbara Garcia

Individual Award	**Division**	**Nominated By**
Jo Ellen Vormohr, M.D.	DPH, San Francisco Behavioral Health Center	Mary Ann Angel Shotsy Faust Linda Sims

6) CONSIDERATION OF A RESOLUTION ENDORSING THE SAN FRANCISCO TOBACCO FREE COALITION PROPOSED SECOND HAND SMOKE POLICIES

Alyonik Hrushow, San Francisco Tobacco Free Project and Nancy Abdul-Shakur, co-chair of the Tobacco Free Coalition, presented the Coalition's second hand smoke policy campaign. The focus of the campaign is to close loopholes in smoking laws passed 11 years ago and to expand protection from second hand smoke to outdoor areas and multi-unit housing complexes. In 2006, the Air Resources Board (ARB) declared second hand smoke a toxic air contaminant. The ARB's decision to do so was based on a rigorous four-year review of epidemiological and toxicological literature on second and smoke and its impacts. ARB found that there is no safe level of exposure.

The Tobacco Free Coalition is advocating for a comprehensive policy to provide protection from second hand smoke. The coalition plans to work with members of the Board of Supervisors in the next few months to put forth this proposal. The Coalition is asking the Health Commission to endorse the policy by adopting a resolution. Second hand smoke policy components are:

Enclosed Areas

- 100% of lobbies of hotels, motels
- Designate 75% of guest rooms smoke free in hotels, motels
- All bars including hookah bars
- Tobacco shops

Outdoor Areas

- Outdoor dining areas of restaurants, cafes, coffee shops
- Service areas, waiting lines
- Within 20 feet of entrances, exits, operable windows, intake vents of private, non-residential buildings
- Recreation areas, including street fairs, commercial piers, 100% of sports stadiums

Multi-Unit Residences

- Prohibit smoking in indoor common areas
- Designate at least 75% of existing units as smoke free. Phase in smoke free units as existing tenants vacate units
- Designate at least 90% of new units as smoke free

Second Hand Smoke Defined as a Nuisance

Ms. Abdul-Shakur concluded the presentation by requesting that the Health Commission endorse the Tobacco Free Coalition's proposed policies to expand protections from second had smoke.

Commissioners' Comments

- Commissioner Monfredini is concerned about people not being able to smoke in their own residences. Ms. Alyonik said existing tenants would not be affected by this provision. As units become vacant, units would have to be designated non-smoking. Commissioner Monfredini said that Trinity Housing is building a rather large residential building on Market Street, providing much needed housing to low-income people. She is concerned that people will have to choose between being housed and being able to smoke, and perhaps 90% is too ambitious. Commissioner Monfredini agrees that second hand smoke is toxic, yet housing is a health issue. She is grappling with this issue of 90% of new units.

- Commissioner Guy said that second-hand smoke is toxic. It does not mean that we do not have to make difficult choices. Commissioner Guy said as an example her sister cannot smoke in her San Francisco apartment because the property owner's rules do not allow smoking. Commissioner Guy said the Department could concretely identify if it is a problem that people are choosing not to go into HUH housing programs because they cannot smoke. Smoking kills and second hand smoke is killing children.

- Commissioner Tarver was working at SFGH when they banned smoking in the psychiatric unit. There was a lot of opposition due to the perspective that psychiatric patients need to smoke. Behavior can change, and this has been successful.

- Commissioner Monfredini asked if smoking is allowed at DPH supportive housing facilities. Richard Heasley, Executive Director at Conard House, said that there is no prohibition against smoking at the Plaza. In the rest of the supportive housing run by Conard House, smoking is allowed in the rooms and there is an issue of second hand smoke traveling through the hallways, the ventilation systems, etc. Mr. Heasley added that there would be nothing to prohibit Conard House with complying with this policy, given a reasonable amount of time to grandfather in current tenants.

- Commissioner Tarver asked if people could smoke medical cannabis. He also noted the fact that many SROs have had fires due to smoking factors. He also noted that the supportive housing units take a harm reduction approach to other substance use, and there seems to be some inconsistency. Ms. Hrushow said they view second hand smoke differently than other substances, in that it impacts other people. Furthermore, second hand smoke has no therapeutic value like medicinal marijuana.

- Commissioner Umekubo supports the resolution and thanked the coalition for continuing to come up with creative ideas to eliminate this problem. He feels very strongly about this since his father died from lung cancer.

- Commissioner Illig said that this policy is based on sound science, and the Health Commission should endorse a change in society's attitude toward tobacco.

- Commissioner Chow said that second hand smoke has become such a problem that even large hotel chains are moving toward complete non-smoking facilities. It is critical that we stamp out this habit that has no value, and the Health Commission should do everything to discourage its use.

- Commissioner Sanchez said that this policy is a reaffirmation of the Health Commission's desire to protect people from the impact of second hand smoke.

- Commissioner Monfredini supports the resolution, but wants to state her concern about rental units, particularly for low-income residents. Ms. Hrushow assured Commissioner Monfredini that people who smoke would not be prohibited from living in supportive housing or any other apartment building.

Action Taken: The Commission approved Resolution 14-06, "Endorsing the San Francisco Tobacco Free Coalition Proposed Policies to Expand Protections from Second Hand Smoke," (Attachment A).

7) NON-PROFIT CONTRACTING TASK FORCE UPDATE

Anne Okubo, Deputy Finance Director, presented an update on the implementation of Non-Profit Contracting Task Force recommendations. The Board of Supervisors is holding a hearing on the implementation of recommendations on November 13th. Milestones include:

- Best Practices – an interdepartmental work group composed of representatives of DPH, Human Services Agency, Department of Children, Youth and Families and Mayor's Office of Community Development met to discuss best practices around contract consolidation, timely payments, standardized and simplified contract forms and eliminating unnecessary requirements.
- Dispute Resolution Procedure – the Task Force adopted a procedure to address contract disputes.
- Electronic Invoicing – in an effort to streamline processes and assure timely payment, DPH issued a policy to accept electronic invoices from non-profit contractors.
- Survey of Non-Profit Contracting – In June the Office on Contract Administration surveyed non-profit contractors to illicit feedback on Task Force recommendations. Thirty-two DPH contractors responded. Ms. Okubo gave a brief summary of survey findings for DPH contractors.

Ms. Okubo said the Human Services Network has expressed concerns about a number of issues including timeliness of reports, late certification, unnecessary requirements, lack of standardization, submission of multiple documents and concerns about COOL. DPH staff will be meeting with representatives of the mental health contractors association for more feedback

Public Comment

- Judith Stevenson, Human Service Network, chair of Contract Reform Committee, said HSN has filed a report with the Health Commission (on file in the Health Commission Office), which they also plan to present to the Board of Supervisors, that presents significant disagreement on the perception of the Department. The survey that was done is incomplete in that many agencies do not feel comfortable giving true feedback about DPH practices. If the Health Commission wants to know how contractors feel, it needs to get input from contracts. There is an enormous amount of process in DPH, but very little outcome in terms of streamlined, effective contracting processes.

- Kavoos Bassiri, Chair of San Francisco Mental Health Contractors Association and Executive Director of RAMS, spoke in support of the problems that were raised in HSN's memo to the Health Commission. Overall what they are asking for is a partnership when it comes to contracting, and problem solving with each program. For example, outcomes should be more meaningful.

- Sherilyn Adams, Larkin Street Youth Services, echoed the words in the HSN report. The thing that they find most alarming is that they have not been able to move toward a systemic solution. Instead problems are addressed on an individual basis. Streamlined processes, timely payments and joint solutions mean that agencies can go about the business of taking care of clients.

- Debbie Lerman, Human Services Network Administrator, said they got input from 50-60 contractors. Issues that seem dry on the service really go to the heart of the City-non-profit contractor relationship. DPH practices seem to be getting worse, particularly around late certifications, while other departments have improved. DPH leadership has worked with the contractors and is in support of the recommendations but this has not been incorporated into the DPH culture and embraced by middle management. There are specific requests outlined in the memo, such as concrete performance measures and written policies and procedures. They would also like more regular reports to the Health Commission.

- Eve Meyer, San Francisco Suicide Prevention, said every year CBHS contractors are required to fill out a checklist of documents they have in their offices and where they are displayed. One year she was given a failing grade because she did not initial in each of the blanks, but rather signed at the end of the page. She was enraged because she could not figure out what this had to do with anything.

Commissioners' Comments

- Commissioner Sanchez said that the issues raised today provide an opportunity to open up our process, listen to our contract partners and find ways to improve how we do business. There are many factors in creating and sustaining a level of partnership, including a level of trust. Ms. Okubo said that the Health Department is very complex, with more than 300 contracts. That said, she appreciates the written input from the Human Services Network, as she appreciates specific recommendations. The HSN report was distributed to program staff throughout the Department. She offered to meet, along with Michelle Long, with the Human Services Network to review and address the concerns.

- Commissioner Illig said there are 176 agencies that contract with DPH. Almost $400 million of DPH's budget goes to contractors. It is clear that the agencies that do business with DPH are our partners, but they are not being treated that way. It is telling that the Human Services Network is willing to stand up, file its own report to the Board of Supervisors, and say the Health Department is not improving. This demonstrates the challenges of running a large, bureaucratic department. Many lower level employees have too tight a control over contracts. The Health Commission should ask for specific performance outcomes, one of which should be an anonymous vendor satisfaction survey. Also, the Health Commission needs to receive reports more frequently than every six months. The Commission needs an ongoing way of staying on top of these issues and ensuring progress.

- Commissioner Guy said the Health Commission needs to take if very seriously if there is an issue of leadership directives around contracting not funneling down to middle management.

- Commissioner Chow appreciates the Human Services Network being so frank. He is disappointed that such a large number of contractors feel as though progress has not been made in DPH. He suggested that the Budget Committee monitor this issue.

- Commissioner Umekubo is surprised at the information he received. The contracting process has been in evolution since he began on the Health Commission. He supports looking at all avenues to streamline the contract process. That said, contract monitoring is a pivotal Health Commission role, and this needs to be continued.

- Commissioner Tarver said the Department's efforts to extend contracts for a longer period of time would continue to pay off in terms of the flow of funds to contractors. There was also the allocation of funds for cost of doing business. These efforts and others are an indication of DPH's partnership with contractors. The Health Department and Health Commission want to be responsive to contractor concerns. The criticism that the Department operates in silos is valid and has been noted by others, including the HMA report. The Health Commission's contract review process should be expanded so that program managers as well as fiscal staff are involved in presentations. It seems that a contractor needs to be able to access multiple staff within DPH so that contractors never feel beholden to one contract staff. He will continue to lend his voice to trying to be responsive and supportive of efforts to improve processes.

- Commissioner Illig suggested that the Commission ask that the monthly meetings between Human Services Network and the Purchasers Office focus on the Health Department for the next six months.

- Commissioner Monfredini appreciates the HSN memo, and is very concerned about two specific issues. The first is the feeling by contractors that they cannot raise issues without fear of retribution. She is also concerned that an individual staff person could cause so many contract delays. Commissioner Monfredini asked that a meeting be set up with she and Dr. Sanchez, representatives from the Human Services Network, and DPH staff including Barbara Garcia, Finance and the AIDS Office. She agrees with the vendor survey and asked who could develop this. Ms. Okubo said that the Contracts Office would put together a draft survey in a couple weeks. Gregg Sass added that the contractors have to be involved in developing the survey. Commissioner Monfredini asked Commissioner Illig to work with staff in the development of the vendor survey. Gregg Sass added that DPH has some excellent program managers who do excellent work, so a report card on program management by division will be helpful.

- Commissioner Guy said that the survey must be credible, involve contractors, and be well thought out. So take the necessary time to develop the survey.

- Commissioner Monfredini asked when the next report should be presented. Dr. Katz said people have been trying to implement recommendations, but clearly these efforts are not meeting the goals. Mr. Sass, Ms. Garcia and Dr. Katz will know what they are doing differently in the next month or so, so he can report back at the second meeting in November.

8) DEPARTMENT OF PUBLIC HEALTH ANNUAL REPORT

Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning, presented the Department of Public Health's Annual Report. Ms. Kronenberg gave an overview of the inside of the Department, including the number of DPH employees, community advisory groups and DPH contract partners. She gave an overview of DPH clients, including demographics and the number of people who receive DPH services. Ms. Kronenberg then described selected DPH initiatives in the context of the DPH Strategic Plan.

Goal 1 – San Franciscans Have Access to Health Services
- ➢ Avon Breast Cancer Center
- ➢ LHH Opens Specialty Care Unit – Care for cerebral palsy, epilepsy, autism and mental retardation
- ➢ Let's Be Healthy

Goal 2 – Disease and Injury are Prevented
- ➢ 3 for Life
- ➢ Safe Device Committee
- ➢ Direct Access to Housing Program

Goal 3 – Services, programs and facilities cost-effective and resources maximized
- ➢ Expanded Nurse Training, Recruitment and Retention
- ➢ SFGH Rebuild – Blue Ribbon Committee

- LHH Replacement Project – Phase one will add 780 beds ready by 2008
- Primary Care Center Retrofits – Curry Center complete, Silver under construction, Tom Waddell to begin in January
- Public Health Laboratory PCR Equipment

Goal 4 – Partnerships with communities sustained

- Advancing Cultural Competency – grant funded reference manual and five training modules
- San Francisco Food, Nutrition and Agriculture Directory - 3rd Edition released in September 2005, available on line.
- Environmental Health issued regulations for effective bedbug prevention and control – training owners and operators
- Pandemic Influenza planning for the business community – working on a concept of operations plan in the event of a pandemic

Commissioners' Comments

- Commissioner Illig commended the annual report. The breadth of services that the Department provides always astounds him. He asked that AIDS Office data be included in the "Who We Serve" section of the report. His vision is that in the future, every program will have identified outcomes, which will be reported in the Annual Report. Ms. Kronenberg said that, with the establishment of the SF Stat System, more and more of this data will be able to be presented over the next few years.

- Commissioner Guy commended Ms. Kronenberg and staff for the Annual Report. As an annual report, it serves to inform the public about what the Department does. However it is not that effective with respect to informing the Health Commission about how the Department has advanced Strategic Plan objectives. The purpose of the Strategic Plan cannot be completely incorporated into an annual report. So the Health Commission and Department need to re-examine how the Health Commission review the value of the Strategic Plan and use health assessment tools to evaluate the health status of San Franciscans.

- Commissioner Chow commended the report, and offered suggestions. Commissioner Chow echoed Commissioner Guy's desire to have a comprehensive review of the Strategic Plan. Commissioners should think about how they want this review to come forward. Commissioner Chow added that an appendix of reports that the Health Department has published throughout the year would enhance the report.

9) PUBLIC COMMENT/OTHER BUSINESS

- Daisy Anarchy, Sex Workers Organized for Labor, Human and Civil Rights, presented documents to the Health Commission, including a draft resolution that has been submitted to the Commission on the Status of Women regarding labor conditions of exotic dancers (on file in the Health Commission). Exotic dancers have given written statements to the Commission on the Status of Women about the labor conditions. DPH should not be funding a "community needs assessment" with St. James Infirmary. Her organization believes in the complete legalization of consensual adult prostitution, but does not believe that private booths and rooms should be allowed in exotic dance venues because this leads to coercion, sexual assault and rape in these establishments.

- Yvonne Martinez, SEIU 790, shared her frustration about how difficult it is to get things done in DPH. It has been three months since 50 employees at Southeast Geriatric Clinic had advocated for more staff. She is pleased to report that while the clinic has received some staff, there is still no one at the clinic to answer the phone and clinical staff still must do this.

10) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

None.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 6:20. Present in closed session were Commissioner Monfredini, Commissioner Illig, Commissioner Chow, Commissioner Guy, Commissioner Sanchez, Commissioner Tarver and Commissioner Umekubo.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATIONS:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

EXECUTIVE SECRETARY TO THE HEALTH COMMISSION, MICHELE M. SEATON

D) Reconvene in Open Session

The Commission reconvened in open session at 7:30 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

Action Taken: The Commission voted not to disclose any discussions held in closed session.

11) ADJOURNMENT

The meeting was adjourned at 7:30 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Attachment(s): 1

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

Any written summaries of 150 words or less that are provided by persons who spoke at public comment are attached. The written summaries are prepared by members of the public, the opinions and representations are those of the author, and the City does not represent or warrant the correctness of any factual representations and is not responsible for the content.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
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Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
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RESCHEDULE NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

7/06
ncelled

The San Francisco Health Commission meeting scheduled for Tuesday, November 7, 2006 has been rescheduled to Tuesday, November 14, 2006, 3:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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AGENDA

HEALTH COMMISSION MEETING

Tuesday, November 14, 2006*
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

***PLEASE NOTE THAT THIS MEETING IS RESCHEDULED FROM NOVEMBER 7, 2006.**

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. *The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 17, 2006**
**Minutes of the meeting of October 17, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Asian Pacific Islander Wellness Center, in the amount of $328,347, which includes a 12% contingency, to provide case management, treatment advocacy, and peer advocacy services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.2) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with Instituto Familiar de la Raza, in the amount of $850,214, which includes a 12% contingency, to provide Latino case management services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $559,335, which includes a 12% contingency, to provide integrated case management, peer advocacy, treatment advocacy and outreach services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.4) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with UCSF Positive Health Practice, in the amount of $770,000, which includes a 12% contingency, to provide Men of Color Program services, for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2008 (2.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.5) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $626,799, which includes a 12% contingency, to provide HIV Work Re-Entry services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.6) **AIDS Office-HIV Prevention –** Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $197,125, which includes a 12% contingency, to provide Fiscal Intermediary Support for the HIV/AIDS Core Surveillance Activities, for the period of September 1, 2006 through December 31, 2007 (16 months).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.7) **BHS** – Request for approval of a retroactive contract modification with Larkin Street Youth Services, in the amount of $906,810, which includes a 12% contingency, to provide Proposition 63 mental health services to transitional-aged youth, for the period of July 1, 2006 through June 30, 2007 (1 year).
** Contract summary, Client demographic information form*

(3.8) **BHS** – Request for approval of contract modification with Positive Resource Center, to increase the amount to $807,500 per year for the period of July 1, 2006 through June 30, 2009, to provide advocacy and training services for disabled, uninsured clients, for a total contract value of $3,133,200, including a 12% contingency, for the period July 1, 2005 through June 30, 2009 (4 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.9) **BHS** – Request for approval of a retroactive contract renewal with the Hamilton Family Center, in the amount of $145,930, which includes a 12% contingency, to provide children's mental health services, for the period of July 1, 2006 through December 31, 2007 (1.5 years)
** Contract summary, Monitoring report summary, Client demographic information form*

(3.10) **BHS** – Request for approval of retroactive contract renewal with Rebekah Children's Services, in the amount of $86,520, which includes a 12% contingency, to provide mental health services for children, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Client demographic information form*

(3.11) **CHPP-Health Promotion** – Request for approval of retroactive contract renewal with the International Institute of San Francisco, in the amount of $272,871, which includes a 12% contingency, to provide preventive health services, including outreach, medical interpretation, health education and referrals for documented refugees and other immigrants, for the period of October 1, 2006 through September 30, 2007 (1 year).
** Contract summary, Monitoring report summary, List of Board of Directors, Client demographic information form*

(3.12) **CHN-Jail Health Services** – Approval to accept and expend retroactively a two-year grant from the United States Conference of Mayors, in the amount of $70,000, to develop an HIV prevention intervention in collaboration with women in the San Francisco county jails and students from the San Francisco State University Department of Sociology Center for Research on Gender and Sexuality, for the period of September 1, 2006 to August 31, 2008.
** Grant summary, Grant information form, Budget page*

(3.13) **EMS** – Request for approval of a contract modification with EMSystem, LLC, in the amount of $586,188, for a total contract amount of $1,500,653, which includes a 12% contingency, to provide patient/hospital/disaster service worker tracking software, hardware and maintenance services, for the period of April 15, 2005 through November 30, 2008 (3.7 years).
** Contract summary*

Items for Discussion and Approval

(3.14) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Walden House, Inc., in the amount of $1,903,732, which includes a 12% contingency, to provide comprehensive monitored residential detox and residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Corrective Action Plan, Client demographic information forms*

(3.15) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with San Francisco AIDS Foundation, in the amount of $5,124,137, which includes a 12% contingency, to provide HIV Services Partnership–Psychosocial Services Collaboration for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.16) **AIDS Office-HIV Health Services –** Request for approval of a retroactive renewal contract with AIDS Emergency Fund - Emergency Financial Assistance Voucher Program, in the amount of $2,627,337, which includes a 12% contingency, to provide emergency assistance grants for housing, utility bills and medical expenses for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2008 (2.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.17) **BHS –** Request for approval of a contract renewal with Sunny Hills Services, in the amount of $1,684,107, for a total contract amount of $1,886,200, which includes a 12% contingency, to provide mental health services for youth ages 12 through 18 years, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.18) **BHS –** Request for approval of a retroactive renewal contract with Ohlhoff Recovery Programs, in the amount of $444,236 per year, for a total contract amount of $1,776,943 for four years, which includes a 12% contingency, to provide behavioral health services to women and adolescents, for the period of July 1, 2006 through June 30, 2010 (4 years).
** Contract summary, Monitoring report summary, Client demographic information forms*

(3.19) **BHS –** Request for approval of retroactive contract renewal with Asian American Recovery Services, in the amount of $9,169,726, which includes a 12% contingency, to provide fiscal intermediary services and management for mental health and substance abuse services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Performance memo*

(3.20) **BHS –** Request for retroactive approval of contract renewal with Walden House, Inc. in the amount of $9,345,303, which includes a 12% contingency, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2006 through June 30, 2007 (1 year).
** Contract summary, Monitoring report summaries, Plans of Correction, Client demographic information forms*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES CHILDREN'S SERVICES ALLOCATION PLAN**
(Margaret Brodkin, Director, Department of Children, Youth and Their Families)
**Children's Services Allocation Plan*

6) **FOR DISCUSSION:** **1st QUARTER FINANCIAL REPORT**
(Gregg Sass, Chief Financial Officer)
**Report*

7) **FOR DISCUSSION:** **EMERGENCY PREPAREDNESS UPDATE**
(Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning)
**Update*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **CLOSED SESSION**

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).) (Action Item)

10) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

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San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

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The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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Department of Public Health

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Director of Health

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Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 14, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:15 p.m.

Present:
Lee Ann Monfredini, President
James M. Illig, Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
David J. Sanchez, Jr., Ph.D.
Donald E. Tarver, II, M.D.

Absent:
John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF OCTOBER 17, 2006

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the minutes of the October 17, 2006 Health Commission meeting.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver and Commissioner Chow attended the Budget Committee meeting. The Budget Committee requested that the following items be moved from the "Approval" section of the agenda to the "Discussion and Approval" section: 3.1, 3.3, 3.5, 3.7, 3.8, 3.9 and 3.11.

Items for Approval

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Instituto Familiar de la Raza, in the amount of $850,214, which includes a 12% contingency, to provide Latino case management services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).

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(3.6) **AIDS Office - HIV/AIDS Statistics & Epidemiology Item** – Request for approval of a retroactive renewal contract with PHFE Management Solutions, in the amount of $197,125, which includes a 12% contingency, to provide Fiscal Intermediary Support for the HIV/AIDS Core Surveillance Activities, for the period of September 1, 2006 through December 31, 2007 (16 months).

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(3.3) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Shanti Project, in the amount of $559,335, which includes a 12% contingency, to provide integrated case management, peer advocacy, treatment advocacy and outreach services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).

Commissioners' Comments

- Commissioner Tarver encouraged the contractors to find methods of increasing participation in client satisfaction surveys. Commissioner Tarver noted that IFR receives additional compensation to address language barriers. While it is true that the other agencies do not face the same language barriers, there are other barriers that need to be overcome, and perhaps the Department should consider allocating additional funds in these areas as well.

(3.5) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Positive Resource Center, in the amount of $626,799, which includes a 12% contingency, to provide HIV Work Re-Entry services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).

Commissioners' Comments

- Commissioner Tarver encouraged the agency to collaborate with the Department to possibly hold offsite workshops in addition to site-based workshops and counseling. Commissioner Tarver offered to help with linkages between Positive Resource Center and other agencies.

- Commissioner Chow noted that many of the contracts are retroactive due to delays in general fund allocation, and he asked if there was any break in service due to this delay. Ms. Long said that providers have continued to provide services. Commissioner Chow would like to discuss further with his fellow commissioners and finance staff the alternative of approving contracts without the general fund allocation and modify the contracts later to add general funds. He is aware that this is one of the topics being discussed with the Human Services Network.

(3.7) **BHS** – Request for approval of a retroactive contract modification with Larkin Street Youth Services, in the amount of $906,810, which includes a 12% contingency, to provide Proposition 63 mental health services to transitional-aged youth, for the period of July 1, 2006 through June 30, 2007 (1 year).

Commissioners' Comments

- Commissioner Tarver asked what new services would be provided under this contract. Sherilyn Adams, Executive Director of Larkin Street Youth Services said there would be a total of 18 new beds, some to serve youth with severe mental health problems and some to serve youth coming out of foster care. They will also be able to expand mental health services to youth at three drop-in centers.

- Commissioner Chow said the Commission is trying to understand what additional services Proposition 63 will bring to our community. So it is important that when Proposition 63 contracts come forward to the Commission, the documents specify what the new services are—what are we getting that we did not get before. Ms. Adams noted that all services that are provided by this contract are new, because there was not funding for this before. Commissioner Chow said that at the appropriate time the Commission should get an update on the entire Proposition 63 program.

(3.8) **BHS** – Request for approval of contract modification with Positive Resource Center, to increase the amount to $807,500 per year for the period of July 1, 2006 through June 30, 2009, to

provide advocacy and training services for disabled, uninsured clients, for a total contract value of $3,133,200, including a 12% contingency, for the period July 1, 2005 through June 30, 2009 (4 years).

Commissioners' Comments

- Commissioner Tarver asked about the requirement for new SSI recipients to have a representative payee. Jane Gelfand, Positive Resource Center, replied that the clients have a treating source who makes the determination about the need for a client to have a representative payee. They also work closely with Conard House to offer these services to clients. Commissioner Tarver added that it seems that the Department should be moving toward department-wide standards for client satisfaction surveys.

(3.9) **BHS** – Request for approval of a retroactive contract renewal with the Hamilton Family Center, in the amount of $145,930, which includes a 12% contingency, to provide children's mental health services, for the period of July 1, 2006 through December 31, 2007 (1.5 years)

Commissioners' Comments

- Commissioner Tarver suggested that the consultants work to develop means to access ethnicity information. This is important information to provide culturally informed treatment.

- Commissioner Chow commended the agency on its outcomes.

(3.11) **CHPP-Health Promotion** – Request for approval of retroactive contract renewal with the International Institute of San Francisco, in the amount of $272,871, which includes a 12% contingency, to provide preventive health services, including outreach, medical interpretation, health education and referrals for documented refugees and other immigrants, for the period of October 1, 2006 through September 30, 2007 (1 year).

Commissioners' Comments

- Commissioner Tarver asked why the contract is being reduced. Patricia Erwin, Community Health Promotion and Prevention, said that typically there is a general fund augmentation of grant dollars and general fund dollars of approximately $20,000 to $30,000 per year. These funds cannot be added to the contract until they know what is available, but she is assuming that they will be able to augment the contract again next year. Commissioner Tarver urged Ms. Erwin to work with DPH fiscal staff to see if a six-month interim agreement is appropriate for this contract.

(3.14) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Walden House, Inc., in the amount of $1,903,732, which includes a 12% contingency, to provide comprehensive monitored residential detox and residential substance abuse services to individuals who are affected by HIV/AIDS, for the period of March 1, 2006 through August 31, 2007 (1.5 years).

Commissioners' Comments

- Commissioner Tarver asked for an update on client satisfaction. Peter Fogel, Walden House program manager, said the agency put a new program in place in September and will be starting this survey in November. Commissioner Tarver asked if DPH staff is comfortable with the progress that staff has made on outcome objectives. Ms. Herring said the agency continues to improve.

- Commissioner Sanchez noted that Mr. Sass and his staff have been working closely over the last number of years with Walden House. He asked Mr. Sass to provide his perspective on the agency. Mr. Sass said he has a good working relationship with Walden House. He is very pleased to hear that the recent audit is going to show a small profit. The process DPH is following is for Barbara Garcia and Anne Okubo to work closely to identify agencies that are experiencing either fiscal or program problems, with the intent to intervene early. Walden House has not been one of the contracts in this situation for some time.

(3.15) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with San Francisco AIDS Foundation, in the amount of $5,124,137, which includes a 12% contingency, to provide HIV Services Partnership–Psychosocial Services Collaboration for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2010 (4.5 years).

(3.16) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with AIDS Emergency Fund - Emergency Financial Assistance Voucher Program, in the amount of $2,627,337, which includes a 12% contingency, to provide emergency assistance grants for housing, utility bills and medical expenses for individuals diagnosed with AIDS or disabling HIV disease, for the period of March 1, 2006 through August 31, 2008 (2.5 years).

Commissioners' Comments

- Commissioner Tarver said that the number of API participants in this program seems low. Mr. Smith said that 3.1 percent of the clients were API, which is consistent with the percentage of API clients reflected in REGGIE data as using CARE funded services.

- Commissioner Chow noted that when the monitoring was done, the agency had a $170,000 deficit. Mr. Smith said the agency received a $300,000 bequest shortly after the monitoring visit.

(3.17) **BHS** – Request for approval of a contract renewal with Sunny Hills Services, in the amount of $1,684,107, for a total contract amount of $1,886,200, which includes a 12% contingency, to provide mental health services for youth ages 12 through 18 years, for the period of July 1, 2006 through December 31, 2010 (4.5 years).

(3.18) **BHS** – Request for approval of a retroactive renewal contract with Ohlhoff Recovery Programs, in the amount of $444,236 per year, for a total contract amount of $1,776,943 for four years, which includes a 12% contingency, to provide behavioral health services to women and adolescents, for the period of July 1, 2006 through June 30, 2010 (4 years).

Commissioners' Comments

- Commissioner Tarver asked if there is a creative way to capture more Medi-Cal revenue for this program. Mr. Stillwell said that as of yet, they have not discovered an easy way to do this, but continually give this thought.

(3.19) **BHS** – Request for approval of retroactive contract renewal with Asian American Recovery Services, in the amount of $9,169,726, which includes a 12% contingency, to provide fiscal

intermediary services and management for mental health and substance abuse services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).

(3.20) **BHS** – Request for retroactive approval of contract renewal with Walden House, Inc. in the amount of $9,345,303, which includes a 12% contingency, to provide residential mental health and substance abuse treatment services, for the period of July 1, 2006 through June 30, 2007 (1 year).

Commissioners' Comments

- Commissioner Tarver asked that the Department evaluate its ability to restructure the way adolescent services are provided, given that DPH does not control the funding for these programs or the client referral.

Commissioners' Comments (at Health Commission meeting)

- Commissioner Monfredini said that she and Commissioner Sanchez met with DPH staff and representatives of the Human Services Network to discuss contracting issues. This was a positive first step.

- Commissioner Sanchez said that the Budget Committee has served as an opportunity for dialogue and discussion about both contracts and broad budget issues. One of the issues the Budget Committee has been working with staff on is criteria for multi-year contracts. The Department is proposing to establish criteria that would apply across department divisions. The Budget Committee accepted these criteria.

Action Taken: The Commission (Chow, Guy, Illig, Monfredini, Sanchez, Tarver) approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report. Ms. Kronenberg introduced Rebekah Varela, who will be acting as the Health Commission Executive Secretary while Ms. Seaton is on maternity leave.

Presentation on the San Francisco Health Access Program (SF HAP)
At the 134th Annual Meeting of the American Public Health Association on November 7th, 2006, Dr. Katz gave a presentation on the SF HAP as part of the Ellen Parsons Memorial Session: Universal Access: At a Tipping Point. Dr. Katz also spoke on the SF HAP at the 5th Annual Asian & Pacific Islander Community Health Center Conference on November 9th, 2006. At both presentations people from other cities express great interest and enthusiasm for the SF HAP model.

Clean & Green Program
The DPH's Green Program in the Environmental Health Section has produced a newsletter to encourage businesses in the City to maintain their Clean & Green "Beyond Compliance" award status. The newsletter contains updates on local green resources and rebates; conservation tips for businesses, community relations ideas and more. The newsletter is being distributed to all Clean & Green awarded auto repair shops.

Mylan Settlement Funds

In the fall of 2005 DPH received a "Notice of Funds Availability and Grants Process" from the California Attorney General. These funds were to be directed towards making prescription drugs for the treatment of anxiety available and affordable to low and moderate-income consumers. The funding was the result of a settlement of an antitrust complaint against Mylan Laboratories, alleging that the company cut off the supply of active ingredients from their competitors.

CBHS submitted a proposal to the Mylan Settlement Fund to provide physician training and consultation for primary care providers on the diagnosis and treatment of anxiety disorders and to provide anti-anxiety medication for the increased number of low income, uninsured patients who are likely to receive treatment as a result of the educational endeavor. CBHS has been awarded $377,345 over the next two years for this purpose.

Massage Program Update

Massage Parlor licensing and enforcement has been in the public domain recently. Dr. Katz wanted to bring the Commissioners up to date on the activities we are doing around this topic.

Mayor's Task Force

The Mayor's Task Force on Massage Code Enforcement is currently conducting biweekly joint inspections of massage establishments until all the approximately 150 licensed establishments are inspected. The Department of Public Health is the lead agency on the Task Force and we are joined by representatives from SFPD, DBI, City Attorney's Office, City Planning and the Fire Department.

Operation Gilded Cage

All of the Department of Public Health cases resulting from operation "Gilded Cage" have now been settled.

Out of the eleven cases:

- 2 received a $2,500 fine, which was paid in full with 60 days license suspension held in abeyance for 1 year.
- 1 establishment received a $1,000 fine, which was paid in full.
- 2 establishments voluntarily closed and were put out of business.
- 1 establishment received 90 days suspension, 60 days of which were held in abeyance for 1 year. (30 days already served)
- 3 establishment permits were permanently revoked and the remaining
- 2 cases were dismissed.

On-going Surveillance

The Department of Public Health continues its surveillance inspection of massage establishments. Between July and October 2006, DPH issued 31 citations as a result of our routine and joint code enforcement inspections. The cases were presented at the Director's Hearing and administrative fines ranging from $100 to $1,000 were levied practitioners and establishment owners.

New Grant: Shaken Baby Syndrome Prevention

DPH received a $20,000 grant from the Kaiser Permanente Foundation to provide partial funding to create a Shaken Baby Prevention program at all five delivery hospitals in San Francisco. The increasing incidence of infant victims of Shaken Baby Syndrome (SBS) is a tragedy for the child, the family and the community. The momentary loss of control by a caregiver can lead to either the death of a baby or to life-long permanent and severe neurological damage. Infant victims can be left with blindness, profound motor and cognitive retardation, and seizures. This preventable outcome occurs in families of all socioeconomic levels and is typically a consequence of an exasperated caregiver following a period of the baby's prolonged crying. This grant gives us the potential to affect the lives of the 13,000 babies born in the City every year.

These funds are in addition to smaller donations DPH has received from UCSF and others. Additional grant applications are pending with the San Francisco Foundation, Gold Foundation and other agencies in order for us to mount the kind of program we want to develop. This is a very innovative project that brings together what are otherwise very competitive organizations in the city around an important problem facing our children and families.

Lawsuit filed against Health Care Security Ordinance

On November 8, 2006, the Golden Gate Restaurant Association filed a *Complaint for Declatory Relief and Injunction* against the City and County of San Francisco in United States District Court - Northern District of California (case number C-06-6997). Golden Gate Restaurant Association (GGRA) is a membership-based, non-profit, trade association representing restaurants and culinary employees in San Francisco. Many of its members would be subject to the provisions of the Health Care Security Ordinance (Ordinance). Plaintiff's filing was anticipated. In June 2006, GGRA announced that it had hired a law firm to research the legality of the draft Ordinance.

As Plaintiff, GGRA challenges the Ordinance on the grounds that it conflicts with Employee Retirement Income Security Acts (ERISA) which, among other things, establishes national standards for pension and health plans in private industry. Specifically, Plaintiff's allege that the:

- Required Health Care Expenditures provision of the Ordinance "conflict directly with" ERISA,
- Ordinance interferes with uniform federal regulation of employee benefit plans by imposing different and substantive and administrative obligations in San Francisco than are owned by plan sponsors elsewhere in the country,
- Ordinance creates an alternate local enforcement mechanism in conflict with ERISA and
- Ordinance causes injury with no adequate legal remedy because it requires multiple GGRA members to comply with regulatory provisions that are inconsistent with and pre-empted by ERISA.

GGRA seeks the following relief:

- Declaration that all portions of the Ordinance imposing requirements, penalties and sanctions regarding the Required Health Care Expenditures are preempted by ERISA; and
- Permanent injunction prohibiting defendant from implementing or enforcing any Ordinance requirements, penalties and sanctions relating to the Required Health Care Expenditures.

Granting this relief would prevent the City and County from implementing the Required Health Care Expenditures provision of the Ordinance.

It is important to note that in its complaint, GGRA states its wholehearted support for the San Francisco Health Access Program and "its laudable goals," and does not seek declaratory relief and injunction with respect to this provision of the Ordinance. It is the Department's understanding that the City Attorney's Office is reviewing the complaint and will submit the required response. While this lawsuit has been filed, the Department does not envision discontinuing its work to develop and implement the Health Access Program.

High End Users

Starting in October 2004, the HOME Team, a mobile team comprised of San Francisco Fire Department EMS staff and clinical staff from the Department of Public Health, began operating 4 days a week providing outreach, stabilization, and placement of EMS High Users. A High End User is an individual who has have been picked up by ambulances four or more times in any one month. An EMS Captain and a DPH clinician ride in an EMS van and direct the outreach efforts by targeting and ranking high users and analyzing their pick-up sites, using data gathered from 911 calls. Additionally, they respond to the requests of EMS field units and citywide hospital ED staff. The team also deploys in areas with a high concentration of street-homeless people, specifically targeting individuals lying on the ground in the Tenderloin, Market Street, SOMA, the area between the Main Library and City Hall, in underground encampments and on freeway on-ramps and off-ramps.

The typical High EMS User is in his 40s or 50s, is homeless, struggles with chronic alcoholism--usually combined with significant mental and physical health impairments--and faces a high mortality rate. The SFFD and DPH partnership is essential in effectively dealing with this very challenging population. While the EMS Captain is able to offer emergency medical and referral services, he is not able to offer the long-term intensive case management and placement services that these patients need for recovery and safety. DPH social workers provide wrap-around services on an on-going basis for psychiatric treatment, medical treatment, case management, benefits advocacy, food, clothing, referrals to residential medical supportive detoxification treatment, substance abuse residential treatment, and/or permanent supportive housing.

In addition to improving the quality of life for many of these high users, an analysis of total pickups for FY0405 (2,632) versus FY0506 (1,991) showed a 24% decrease (642) ambulance trips and ED visits. St. Francis benefited from the most decrease (165 fewer visits), then SFGH (138 fewer visits). Attached to the report is a matrix reflecting the EMS High User patterns over the past two years.

Crystal Heart Award

Dr. Katz congratulated Jim Soos, Assistant Director of Policy & Planning, who was a recent recipient of a 2006 Crystal Heart Award at the San Francisco Health Plan's 5th Annual Healthy Kids & Young Adults Appreciation Night. In citing Jim's many accomplishments and commitment to the Young Adults program, the Health Plan noted his role as "an invaluable collaborator, handling every situation with a sympathetic ear, a keen analytical mind, and a pragmatic response." Jim was also singled out as exemplary public servant: "someone who is dedicated to improving life for others."

Community Health Network, San Francisco General Hospital, November 2006 Credentials Report

	11/06	07/06 to 11/06
New Appointments	19	97
Reinstatements	0	0
Reappointments	36	178
Delinquencies:	0	0
Reappointment Denials:	0	0

Resigned/Retired:	7	64
Disciplinary Actions	0	0
Restriction/Limitation-Privileges	0	0
Deceased	0	1
Changes in Privileges		
Additions	5	26
Voluntary Relinquishments	2	19
Proctorship Completed	0	35
Proctorship Extension	0	0

Current Statistics – as of 11/1/06			
Active Staff	490		
Courtesy Staff	569		
Affiliate Professionals (non-physicians)	205		
TOTAL MEMBERS	1,264		
Applications In Process		34	
Applications Withdrawn Month of November 2006		0	4 (07/06 to 11/06)
SFGH Reappointments in Process Dec. 2006 to Mar. 2007		177	

Commissioners' Comments

- Commissioner Tarver asked how the Mylan settlement award would be applied. Ms. Garcia said that they would be working with the pharmacy director and primary care clinic directors to arrange the trainings. Its purpose is to try to do integration work with the primary care centers. Commissioner Tarver said to be sure to link the psychiatrists who work with the clinics to this effort.

- Commissioner Chow asked if the increased referrals of EMS high utilizers to Kaiser and the VA is a reflection of a change of demographics. Ms. Martinez said she cannot speak to whether the increase is a result of Kaiser's efforts or just a function of a decision by the EMS provider to bring a person to the nearest emergency department. Ms. Martinez will be happy to look into this issue.

- Commissioner Guy said the data around the massage parlor enforcement is very interesting. She would like a report to through the joint conference committee about the added value of transferring the monitoring of message establishments from the Police Department to the Health Department, particularly around any improvement in health status. Ms. Kronenberg said that Dr. Bhatia would be happy to provide a report. She is pleased that the assumption is that the Health Department is going to proceed with the HAP, whatever the outcome of the lawsuit. It would be unacceptable to move forward with a program that is solely funded with public dollars.

- Commissioner Illig said that Ms. Martinez presented the EMS High Utilizers project to the CHN JCC, and he was impressed with the outcome of the program, particularly in terms of the success that can be achieved when resources are focused on a target population.

- Commissioner Chow asked that, as the City Attorney responds to the GGRA lawsuit, the Health Commission be fully apprised of this response.

- Commissioners welcomed Tangerine Brigham as Deputy Director of Health, Director of HAP.

5) PRESENTATION OF THE DEPARTMENT OF CHILDREN, YOUTH AND THEIR FAMILIES CHILDREN'S SERVICES ALLOCATION PLAN

Margaret Brodkin, Director, Department of Children, Youth and Their Families, presented the proposed Children's Services Allocation Plan for 2007-2010. One of the key provisions of the Children's Amendment of 2000 is a three-year funding cycle for DCYF. In the first year of the cycle, DCYF is required to complete a Community Needs Assessment, a draft of which was presented to the Health Commission about 18 months ago. This is followed by a Children's Services Allocation Plan, which establishes funding allocations and outcomes for the overall fund. In the third year, DCYF will issue a RFP for a three-year commitment of funding.

The proposed allocation plan was developed through an analysis of the $365 million the city spends on funding, 23 community meetings, eight strategic conversations, two grantee feedback sessions, eight city department discussions and research on best practice. The goals of the program are to:

1. Celebrate and build on strengths
2. Forge a network of services
3. Serve all neighborhoods/focus on greatest need
4. Promote collaboration and decrease fragmentation

Ms. Brodkin summarized the allocation categories and provided examples of strategies for each of the categories. New strategies to meet changing needs include:

- Early Care and Education – grants to shelters and child care programs, child care subsidies, infant/toddler sustaining grants, workforce investments
- Out of School Time – grants for high quality programs serving 6-13 year olds, teen programming, San Francisco Beacon Initiative, Rec Connect
- Youth Workforce Development – service learning, Mayor's Youth Education and Employment Program, New Directions, Jobs for Youth
- Family Support – SafeStart, comprehensive family support services, Family Action Grants, Family Support Network
- Wellness Empowerment – Early Childhood Mental Health Consultation Initiative, Afterschool Mental Health Consultation, middle school wellness empowerment, Wellness Initiative, grants for health empowerment
- Violence and Truancy Reduction – SafeStart, school-based violence prevention, safety and truancy reduction, Community Response Network, grants to CBOs.
- Youth Empowerment – Youth Empowerment Fund

The allocation plan allocates money to systemwide investments to forge a network of services, and includes allocations for community building, information and communication, accountability, capacity building, training and support and access.

The allocation plan will be presented to the Board of Supervisors in December 2006, and issue a Request for Proposals in February 2007. Funding and services will be in place by July 1, 2007.

DCYF wants to work closely with DPH and build upon the current system so that together we can improve services to children.

Commissioners' Comments

- Commissioner Monfredini commended Ms. Brodkin for her report.

- Commissioner Guy recalls the debate over whether to fund clinics in the schools or wellness centers in the schools. This report shows success around the wellness center approach. That said, the partnership with DCYF needs to grow around health and wellness and primary prevention. She would like the Population Health and Prevention Joint Conference Committee to hold a more detailed discussion about moving this partnership forward and clear identify the commitment is around violence prevention. She also supports working together around neighborhood investments. It is really exciting to bring wellness into the middle schools.

- Commissioner Chow would like the report to include more demographics about San Francisco children, what children are targeted through DCYF services, etc. One concern is that school-based services are directed toward children in public schools, and he would like to reach the entire segment of children. Commissioner Chow is interested in what appeared, through data and community discussions, as the most pressing need for children and youth. The way it is presented, it seems that all needs are presented on an equal plane. In addition, it is important to understand what programs are impacting what populations, and how to build on this. Ms. Brodkin said the prioritization process is very complex. DCYF tries to fund programs that no other department will fund, and then partner with entities such as the Health Department that provide many other youth services.

- Commissioner Sanchez is very excited about the plan. There are a number of challenges, but this can be overcome. Many city agencies and programs have had budget cuts in the area of children and youth services. This applies to the school district, YGC, Health Department, and others. These entities could work together to create a new model of reviewing and measuring program quality and outcomes. Each city department cannot do it alone.

- Commissioner Illig commended the report. He asked how DCYF determined that DPH provided $51 million in funding to children and youth. September Jarrett, DCYF, said that most of the budget information came from the departments and the Controller's Office. Commissioner Illig noted that DCYF does not provide direct services, but rather funds CBOs to do the work. DCYF does a great job working with collaboratively with CBOs, an area that DPH is trying to improve. Commissioner Illig added that the Department of Aging and Adult Services is funding neighborhood centers for seniors and disabled adults.

- Commissioner Tarver said that the Health Commission should continue to become educated about the specific breakdown of services provided by DPH. This data can be part of the discussion at the Population Health and Prevention Joint Conference Committee. He would also like to see additional detail about allocations made for services targeting children and youth most at risk, what the strategic approach is for these populations and what the intended outcomes are. Ms. Brodkin said they developed a need index, broken down by zip code, and developed a formula whereby they gave every zip code a need indicator. This index will provide a foundation for determining where the funding needs to be targeted toward.

- Commissioner Monfredini asked what the next steps are. Ms. Brodkin said the plan will be presented to the Recreation and Park Commission, rewritten based on feedback, and then presented to the Board of Supervisors. That said, the most important next step is to find the appropriate forum where DCYF can continue the discussion with DPH.

6) 1st QUARTER FINANCIAL REPORT

Gregg Sass, Chief Financial Officer, presented the 1st quarter financial report. Projections include a revenue surplus of $9.593 million and expenditure deficit of $8.152 million and the Department is projecting a small overall favorable surplus of $1.441 million.

	REVENUES			EXPENDITURES			TOTAL
Division	Revised Budget	Current Projection	Surplus/ (Deficit)	Revised Budget	Current Projection	Surplus/ (Deficit)	Surplus/ (Deficit)
Department of Public Health							
SFGH	$ 608,286,000	$ 615,886,000	$ 7,600,000	$ 608,286,000	$ 615,884,000	$ (7,598,000)	$ 2,000
Laguna Honda	183,365,000	187,405,000	4,040,000	183,365,000	187,405,000	(4,040,000)	-
Primary Care	52,502,000	52,055,000	(447,000)	52,502,000	52,417,000	85,000	(362,000)
Health at Home	10,454,000	10,454,000	-	10,454,000	8,679,000	1,775,000	1,775,000
ail Health	24,881,000	24,881,000	-	24,881,000	25,255,000	(374,000)	(374,000)
Public Health	112,596,000	110,996,000	(1,600,000)	112,596,000	111,796,000	800,000	(800,000)
Mental Health	215,677,000	215,677,000	-	215,677,000	214,477,000	1,200,000	1,200,000
Substance Abuse	72,093,000	72,093,000	-	72,093,000	72,093,000	-	-
TOTAL DPH	$ 1,279,854,000	$ 1,289,447,000	$ 9,593,000	$ 1,279,854,000	$ 1,288,006,000	$ (8,152,000)	$ 1,441,000

he Revised Budget in the table above includes: Annual Appropriation Ordinance for DPH, carry forwards from prior year, Inter Governmental Transfer GT), Transfer In and Project Related expenses.

Mr. Sass highlighted financial issues at San Francisco General Hospital and Laguna Honda Hospital. At SFGH, revenues are conservatively projected to be $7.6 million over budget associated with the high patient volume in the first quarter. The average daily census at SFGH exceeds the budgeted census by 5%. Expenditures are projected to be over budget by $7.598 due to unfavorable variances in personal services and fringe benefits. The labor shortages at SFGH combined with a high patient census requires the use of as-needed staff and overtime. Mr. Sass anticipates that SFGH will need to seek a revenue supplemental to fund additional personnel costs.

LHH is projected to end the year on budget with overspending covered by surplus revenues. Revenues are projected to be $4.04 million more than budget due to a $10.88 increase in the Medi-Cal base per diem rate. Expenditures are projected to be $4.04 million over budget due to unfavorable variances in salaries and fringe benefits. Staffing increases were necessary in response to a licensure survey by the State. That survey continued through August, which contributed to high spending in the first quarter. LHH is implementing cost reduction initiatives including closure of a nursing unit and reductions in nursing spending on units that are overstaffed in relation to budget. LHH hopes to reduce total overspending to an amount less than $4 million. Mr. Sass anticipates that LHH will need a revenue supplemental to fund the additional personnel costs.

Commissioners' Comments

- Commissioner Monfredini said it is scary that Laguna Honda is over budget and it is only November. She is sure that Mr. Sass and Mr. Kanaley can find a solution to this problem.

- Commissioner Illig asked how last year's deficit at Laguna Honda was addressed. Mr. Sass said the Board of Supervisors approved the retroactive supplemental appropriation.

- Commissioner Chow said he and Commissioner Sanchez have been getting budget updates at the Laguna Honda Hospital Joint Conference Committee and Mr. Kanaley, Ms. Inouye, Ms. Hirose and others are working diligently to bring the deficit down. A real concern is that budget reductions will result in the hospital being understaffed and, as a result, experience more patient safety incidents.

- Commissioner Tarver said it seems artificial that mental health expenditures exactly match mental health revenues. The way the numbers are presented, we cannot capture information such as is CBHS seeing more patients who it can bill for Medi-Cal in the first quarter. Mr. Sass said that in Mental Health by and large the 60 percent Medi-Cal mix is pretty standard across the board and is a predictable Medi-Cal to local funding ratio. Commissioner Tarver said he would like the Department to look at revenue enhancement for civil service component. The Department is certifying more people who are eligible for SSI than before, and why wouldn't these efforts result over time in increased revenue? Mr. Sass replied that the budget is growing year over year, and takes the SSI revenue into account. Commissioner Tarver asked staff to look at ways of tracking CBHS's financial picture in a real-time manner.

- Commissioner Chow said DPH has been able to improve billing and collections for Primary Care.

7) EMERGENCY PREPAREDNESS UPDATE

Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning, presented an emergency preparedness update. The Office of Policy and Planning acts as the coordinating body for the Department's disaster preparedness planning. OPP chairs a weekly DPH Homeland Security Steering Committee with representatives from Communicable Disease Control and Prevention, Environmental Health, Community Programs, Emergency Medical Services, Public Health Laboratory and Occupational Safety and Health.

DPH has made great strides in the areas of disaster/emergency preparedness. The report is divided into three main categories: Overall DPH Preparedness Planning; Infectious Disease Planning; and Surge Capacity Planning.

DPH Preparedness Planning

- Department Operations Plan
- DPH Improved Department Operations Center
- Respiratory Control Program

Infectious Disease Planning

- Mass Prophylaxis Planning
- Homeland Security/Disaster Pharmaceutical Caches
- Biological Detection System Plan

- Infectious Disease Emergency Response Planning
- Laboratory Preparedness and Planning for Bioterrorism and Pandemic Flu
- Sentinel Event Enhanced Passive Surveillance Project
- Pandemic Influenza Planning
- Launch of Infection Control Working Group/Avian Flu Guidelines
- Radiological Incident Planning
- Hazardous Materials Incidents
- Suspicious Substance Response

Multi-Casualty Incident Planning

- EMResource – Hospital Resource Tool
- EMTrack – Patient Tracking
- Disaster Registry Program
- Community Behavioral Health Services Emergency Response
- Hospital Council Emergency Task Force
- Multi-Casualty Working Group.

Ms. Kronenberg said that DPH has benefited from a number of large Homeland Security/bioterrorism grants since September 11, 2001. DPH was told that all 27 of the UASI funded planning positions would have their future funding expire in December 2006. Now there appears to be a strong possibility of extending seven positions through June 2007. The BT/CDC grant has decreased significantly over the last five years. Many general funded positions have significant additional responsibilities in the area of Homeland Security/disaster preparedness. So the concern is how do we maintain and sustain the programs we have now without the staffing?

Conclusions

- 5 years after September 11 and one year after Katrina we are more prepared.
- We have more to do—planning is an on-going process.
- Influx of funding has enabled us to purchase critical equipment that will be needed in a disaster.
- Funding also provided opportunity to bring in staff to write plans, do outreach and implement plans and projects.
- DPH will be challenged to maintain its current pace after it loses key staff in 2007.
- Priorities: MCI plan, surge plan, IDER plan (including pandemic flu).
- DPH must continue the collaboration with hospitals.
- DPH must expand its collaboration with clinics and other community-based providers.

Commissioners' Comments

- Commissioner Monfredini asked which tool would be used to track already hospitalized patients in an emergency. Ms. Kronenberg said that would be EM Track. This tool is being written specifically for San Francisco, and she hopes that it will be a very useful tool. Dr. Brown added that DPH is using the system to track a small portion of patients on a regular basis so that personnel will get used to using the system and hospitals will get used to receiving reports. Commissioner Monfredini said San Francisco is way ahead of other cities in terms of planning. The key question is how to sustain planning efforts. She asked what the Health Commission could do to help. Ms. Kronenberg said that Health Commission support would be needed to retain at least some of the staff to make sure the plans do not just sit on a shelf. Dr. Brown said they would need on-going support in the areas of pharmaceuticals. We have to commit to maintaining some stock over the long term. Also encouraging our partners to do their part.

Finally, there needs to be good regional planning and regional cooperation. Dr. Fernyak said many staff that does day-to-day response are grant funded, and these grants are ending. So the challenge is how to continue to do the day-to-day response. Another challenge is in the area of training, which is dependent on the availability of staff to provide the training.

- Commissioner Illig is concerned about the disaster registry, which contains outdated information. He urged DPH to work with contractors and the Department of Aging and Adult Services to update the list. Dr. Brown said the data was updated on an annual basis, with people in the registry having to positively respond that they want to remain in the registry. Outreach to agencies and individuals has also increased. The goal is to target outreach to areas most in need. Commissioner Illig asked if the Health Commission could receive the after-training reports. Ms. Kronenberg said that there have been discussions with the Mayor's Office about the role of commissioners in a disaster. The Mayor's Office is working on this issue in terms of providing training specific to commissioners and other policy makers. Commissioner Illig asked if agreements in place about caches of equipment that are stored in other hospitals. Ms. Kronenberg said they are very close to finalizing MOUs.

- Commissioner Chow asked DPH to work with the Medical Society's Board to schedule an update around the county's plan and the Medical Society's role in disaster response. Commissioner Chow said there are people who have a hard time supporting themselves for three days when there is not an emergency, so this message will not apply to certain areas of the city and certain populations. There needs to be a community response for those communities that need it. This is a continued deficiency in the plan. It is a myth that 700,000 San Franciscans could survive for three days independently. Ms. Kronenberg said DPH is beginning planning at a neighborhood level, looking at all facilities that DPH funds, and pulling them together to provide a community response.

- Commissioner Tarver asked to see the CBHS Response Plan prior to the plan being finalized. Commissioner Tarver said it is important to meet the medication needs of the chronically mentally ill in the event that pharmacies are compromised during and after an emergency. Dr. Brown said they are pursuing a regional chronic pharmaceutical cache, which includes psychotropic drugs. They have also expanded scope of practice for EMS providers to allow them to administer Ativan, under direction. Commissioner Tarver said another element of our response would be a helipad. He asked if San Francisco has the ability to land helicopters where needed during an emergency. Dr. Brown said that there is a policy regarding use of various sites for helicopter landings.

- Commissioner Guy supports the funding strategies for sustaining these planning efforts. She agrees with Commissioner Chow that a gaping hole in our preparedness is the lack of a community response. San Francisco should use Chinatown's efforts as a model, and San Francisco should fund these efforts. It makes sense to work on the systems response, but we need to incorporate community response. Commissioner Guy said that April is Public Health Month and May is Emergency Preparedness Month so this is an appropriate timeframe to do outreach, education and investment around community response, as well as to be accountable to what we have done. Commissioner Guy suggested that the CBHS Emergency Response Plan be presented and discussed more fully at the CHN JCC.

- Commissioner Chow will work with Ms. Kronenberg, Ms. Garcia, NICOS and the Chinatown community to advance a community emergency response plan.

- Commissioner Sanchez said youth should be incorporated into emergency response planning, and DCYF should incorporate emergency response into its children's services plan. He encouraged staff to seek outside, foundation funding.

8) PUBLIC COMMENT/OTHER BUSINESS

- Daisy Anarchy, Sex Workers Organized for Sexual, Labor and Human Rights, is hoping to get Health Department leadership on the issue of private booths. She is opposed to the Health Department funding $300,000 for a community needs assessment, which will be used to lobby against protective legislation regarding private booths. DPH needs to sever ties with agencies that are working on behalf of employers who are putting their employees at risk.

9) CLOSED SESSION

This item was continued to the November 21, 2006 Health Commission meeting.

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

The meeting was adjourned at 6:50 p.m.

Michele M. Seaton
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Commissioner

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Commissioner

John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

DOCUMENTS DEPT.
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Tuesday, November 21, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 14, 2006**
**Minutes of the meeting of November 14, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**

(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Approval

(3.1) **AIDS Office-HIV Health Services** –Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $141,775, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community Based Organizations Capacity Building Project, for the period of September 1, 2006 through August 31, 2007 (1 year).
** Contract summary, Contract evaluation form, Client demographic information form*

(3.2) **AIDS Office-HIV Health Services** – Request for approval of a retroactive renewal contract with Mission Neighborhood Health Center, in the amount of $257,016, which includes a 12% contingency, to provide HIV Integrated Case Management services for individuals diagnosed with HIV or AIDS, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Monitoring report summary, Client demographic information form*

(3.3) **PHP-Communicable Disease Control and Prevention** – Request for approval to accept and expend retroactively a new grant from the California Department of Health Services, in the amount of $88,582, for the San Francisco Department of Public Health, Communicable Disease Control and Prevention Section, to undertake pandemic influenza emergency preparedness and response planning, for the period of May 22, 2006 to April 30, 2008.
** Grant summary, Grant information form, Budget summary*

(3.4) **CHN-LHH** – Resolution Authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center (LHH) to accept a gift of a handicapped accessible van valued in the amount of $39,889, from the Laguna Honda Hospital Volunteers Inc., for use in the transportation of LHH residents off campus.
** Resolution summary, Resolution*

(3.5) **CHN-LHH** – Resolution Authorizing the Department of Public Health, Laguna Honda Hospital & Rehabilitation Center to accept a gift of funds in the amount of $10,000, to provide supplementary assistance to support the Senior Nutrition Program.
** Resolution summary, Resolution*

(3.6) **CHN-LHH** – Request for approval of a contract modification with the University of the Pacific School of Dentistry to increase the contract amount by $105,000, from $174,500 to $279,500, to provide on-site dental clinic services for the residents of Laguna Honda Hospital, for the period of July 1, 2004 through June 30, 2009 (60 months).
** Contract summary, Monitoring report summary*

(3.7) **BHS** – Request for approval of a contract renewal with Thunder Road, in the amount of $165,000, which includes a 12% contingency, to provide mental health services for children, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Client demographic information form*

Items for Discussion and Approval

(3.8) **CHN-SFGH & LHH Facilities** – Request for approval of twenty-six (26) contract modifications with the following twenty-one (21) firms: A & B Mechanical, Inc., Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Bay City Boiler & Engineering Co., Inc., Birds Away/Pigeons Away, City Mechanical, Inc., William Decker & Co., Elischer Construction, Inc., Galindo Installation & Moving Services, McClure Electric, Inc., Mintie Corporation, Pioneer Contractors, Inc., Pribuss Engineering, Inc., Robert Poyas, Inc., Rubecon General Contracting, Inc., Sierra Electric Co., The Shooter Co., United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., to increase the total combined amounts by $2,122,500, from $4,515,000 to $6,637,500, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2005 through June 30, 2007 (24 months).
** Contract summary, Vendor Information and Rate pages, Monitoring report summaries*

(3.9) **BHS** – Request for retroactive approval of a new contract with Families First, in the amount of $155,736, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2006 through December 31, 2007 (1.5 years).
** Contract summary, Client demographic information form*

(3.10) **BHS** – Request for retroactive approval of a new contract with Chinatown North Beach Youth Services and Coordinating Center dba Community Youth Center, in the amount of $201,600, which includes a 12% contingency, to provide mental health services for youth and their families, for the period of September 1, 2006 through February 29, 2007 (1.5 years).
** Contract summary, Client demographic information form*

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **PRESENTATION OF EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER**
**List of Awardees*

6) **FOR DISCUSSION:** **311 CUSTOMER SERVICE CENTER UPDATE**
(Heidi Sieck, Acting Director, San Francisco 311 Customer Service Center)
**Update*

7) **FOR APPROVAL:** **CONSIDERATION OF A RESOLUTION APPROVING THE HEALTH COMMISSION'S ATTENDANCE POLICY**
(Lee Ann Monfredini, Health Commission President)
**Policy, Resolution*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

B) Vote on whether to hold a closed session

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

D) Reconvene in Open Session

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that are within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

HEALTH COMMISSION

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Executive Secretary

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FAX (415) 554-2665

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, November 21, 2006
at
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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1) CALL TO ORDER

President Monfredini called the meeting to order at 3:15 p.m.

Present:
Lee Ann Monfredini, President
James M. Illig, Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
David J. Sanchez, Jr., Ph.D.
Donald E. Tarver, II, M.D.
John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 14, 2006

Action Taken: The Commission approved the minutes of the November 14, 2006 Health Commission meeting with one addition. On page 12, the following was added to Commissioner Tarver's comments: Given that African American children have a disproportionate morbidity, perhaps unequal resources were justified. Bayview has among the highest home ownership of any district in the city; hence paying through the property tax side may be another variable considered in how resources are appropriated.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Chow and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that item 3.7 be moved from the "For Approval" section of the agenda to the "Discussion and Approval Section."

Items for Approval

(3.1) **AIDS Office-HIV Health Services** –Request for approval of a retroactive renewal contract with Patricia Sullivan Consulting, in the amount of $141,775, which includes a 12% contingency, to provide professional consultation services to support the Community of Color Community Based Organizations Capacity Building Project, for the period of September 1, 2006 through August 31, 2007 (1 year).

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Secretary's Note – a corrected contract summary sheet was submitted to the Budget Committee.

Commissioners' Comment

- Commissioner Tarver asked why the hourly rate for medication support is so high. Ms. Weinstein said the rate for medication support is paying for psychiatrists, and they are expensive. This is an allowable rate from the State's point of view, and the psychiatrists have justified this rate. Commissioner Tarver asked that, for future contracts that include medication support, staff provides information about the range of the State's Medi-Cal rates, and where the contractor falls within these allowable rates.

(3.8) **CHN-SFGH & LHH Facilities** – Request for approval of twenty-six (26) contract modifications with the following twenty-one (21) firms: A & B Mechanical, Inc., Acker & Guerrero Roof Co., Inc., Agbayani Construction, Inc., Anderson Carpet & Linoleum Sale Co., Inc., Bay City Boiler & Engineering Co., Inc., Birds Away/Pigeons Away, City Mechanical, Inc., William Decker & Co., Elischer Construction, Inc., Galindo Installation & Moving Services, McClure Electric, Inc., Mintie Corporation, Pioneer Contractors, Inc., Pribuss Engineering, Inc., Robert Poyas, Inc., Rubecon General Contracting, Inc., Sierra Electric Co., The Shooter Co., United California Glass Co., Western Roofing Service Co. and Yerba Buena Engineering & Construction, Inc., to increase the total combined amounts by $2,122,500, from $4,515,000 to $6,637,500, to provide the Community Health Network intermittent, as-needed facility maintenance services above baseline civil service staffing, for the period of July 1, 2005 through June 30, 2007 (24 months).

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Commissioners' Comments

- Commissioner Chow asked if Washington High School students would be able to access services through this contract. Sara Huang from CYC said that these services would indeed serve students at Washington High School. Ms. Chan Sew added that, in addition to this contract, CBHS is providing funding to the API Wellness Center to do translation of materials for LGBT youth and their parents. Commissioner Chow said this is a nice follow up to the public testimony the Health Commission heard at the meeting that was held in the Richmond.

Action Taken: The Commission approved the Budget Committee Consent Calendar.

4) DIRECTOR'S REPORT

Mitchell H. Katz, M.D., Director of Health, presented the Director's Report.

San Francisco General Opiate Treatment Program
The Opiate Treatment Outpatient Program (OTOP) at San Francisco General Hospital Medical Center recently completed a two-day *Commission on Accreditation of Rehabilitation Facilities* (CARF) visit. This will be OTOP's third accreditation from CARF. Surveyors reviewed programmatic and administrative domains and met with staff and patients.

At the exit interview, CARF surveyors had only four recommendations for all twenty domains surveyed. In what the surveyors described as an unusual step, they gave OTOP an "exemplary" rating in two areas. The first recognized area was the creation of an enhanced network for integrated care including psychiatric services, medical care, case management and prenatal services. The surveyors noted their approval of the narcotic treatment program with its comprehensive and coordinated care as the first of its kind in any setting. OTOP was also given an exemplary rating for working collaboratively with city, state, and federal agencies to pioneer innovative programs — through the Mobile Methadone Van and the Office Based Opiate Treatment (OBOT) program.

Dr. Katz stated he is proud of the program, and pleased to have others recognize it for its excellence. SFGH shares this success with the program's patients and with the program's supporting agencies including Community Behavioral Health Services and UCSF.

Sewer Break at Ocean Beach
As a result of the heavy rains last week, Ocean Beach experienced a sewer and untreated storm water spill, resulting in "no swimming" postings just below the Cliff House. DPH staff reported to the site to offer technical assistance and oversight for clean up efforts. Within 24 hours of the spill, the San Francisco Public Utilities Commission was able to remove the "no swimming" restriction signs and reopen the beach for public access. Tests revealed no elevated bacteria levels, indicating that the overflow did not reach open water.

The SFPUC, in coordination with the Department of Public Works (DPW) and Golden Gate National Recreation Areas, have cleaned most of contaminated sand from a 100-yard section of the beach. DPW brought in three loaders and a 10-wheeler truck to the cleanup efforts, hauling away 18 truckloads of sand. The affected promenade area where the overflow reached was also cleaned and sterilized.

Current investigations indicate that the burst manhole cover was due to rusted bolts unable to withstand the buildup of pressure in the Great Highway sewer main. Since then, all sewer manhole covers in the area have had their bolts inspected and tightened.

Non-Profit Contact Task Force Update
Commissioner Monfredini, Commissioner Sanchez and Dr. Katz met with contractor representatives of the Human Services Network (HSN) earlier this month. The meeting was very productive and eight action items were agreed upon at the meeting that will encourage better dialogue between DPH and contractors. The two most important outcomes are: 1) the requirement that DPH program managers will meet with contractors annually to discuss all aspects of their contract; and 2) the contract scope of work narratives will be reduced to a single line and the target population narrative will be replaced by a demographic chart.

In addition, other updates include:

- The Board of Supervisors hearing scheduled for November 13th was cancelled. Dr. Katz will notify the Health Commission when a new hearing date is scheduled.
- The vendor satisfaction survey has been reviewed by HSN. It is expected that the survey will be mailed to contractors this week (HSN recommended that surveys be mailed).
- Managers in Community Programs and the AIDS Office were briefed on contractor concerns raised by HSN. Managers were trained on the contingency and 18-month contract models. Further training for program staff will be held soon.

Preliminary recommendations to revise the contract scope of work have been developed. The next step is to get DPH and contractor input on a revised scope of work.

TB Outreach and Prevention Services (TOPS) to Relocate to SFGH

Beginning in mid-December, the TB Outreach and Prevention Services (TOPS), currently located at 1060 Howard St., will begin relocating its operations and staff to the TB Control Clinic on the San Francisco General Hospital (SFGH) campus.

The following essential TOPS functions will continue to be provided at the new site:

- Screening of clients who are homeless, especially those who are HIV+ or who need clearance for shelter or drug treatment programs
- Administration of directly observed therapy (DOT)

During the transition period, clients who need to be screened as part of a pre-employment evaluation will be redirected to their private doctor, another clinic or any district health center. Clients who test positive for TB will continue to be referred to the TB control Clinic at SFGH. Screening previously done at TOPS will resume on January 16th at the new location. Inquiries about the new schedule should be addressed to TOPS, 865-5200.

Shape UP SF Walking Challenge: A Prevention Strategy

Launched in early October in conjunction with Walk to School Day, the Shape up SF Walking Challenge encourages teams to walk the length of California over the course of 12 weeks. Teams are encouraged to take weekly walks together — and for individual team members to walk, bike, swim, dance, etc. on their own — with a goal of accumulating the 1016 miles of the California coastline. Though the Challenge was geared toward after-school programs, many City departments also formed teams — as part of the Shape Up @ Work initiative. DPH has several walking teams participating — WIC and the Prevention Section to name a couple.

After only ***seven*** weeks, participating teams have cumulatively walked over 50,000 miles, or two times around the globe. Participants will likely "walk" around the globe at least three times before the challenge ends on December 24. Teams will be invited to a closing ceremony at Kezar Pavilion with Mayor Newsom on January 11. For more info check out: http://www.shapeupsf.org.

Vote and Vaccinate Pilot Project

San Francisco was one of three communities in California — 25 across the nation — that participated in *Vote and Vaccinate*, a pilot program designed and funded by the Robert Wood Johnson Foundation to organize, promote and implement influenza vaccination clinics within easy reach of polling places on Election Day, November 7, 2006.

The goal was to increase the number of adults aged 50 and over in low-income and underserved communities who received the influenza vaccine. Four polling sites were identified to test the premise of the program: two in the Bayview District, one in the Mission District, and one in the Western Addition. Flu shots were offered free of charge to voters, as well as other community members wishing to be protected against the flu.

Dr. Katz was happy to report that DPH vaccinated 215 very grateful and surprised voters on Election Day. DPH will be reviewing the data to see if they reached their target audience.

Commonwealth Club

Last night Dr. Katz was privileged to serve as a panelist at the Commonwealth Club's program entitled, *Upending the Health Care Status Quo: Universal Healthcare Plans*. Dr. Katz was joined by John Graham, Director of Health Care Studies at the Pacific Research Institute and Helen Halpin, PhD, Director of the Center for Public Health and Policy Studies at UC Berkeley School of Health. John Wildermuth, political reporter for the San Francisco Chronicle, moderated a lively discussion about health care reform, access to care, system design, funding and a number of other local and national health care related issues.

The panel discussion will be broadcast on KQED FM sometime in the future. Dr. Katz will inform the Commission as soon as he knows when the program will be broadcast.

City Desk News Hour

For those Commission members who follow City government on San Francisco Cable Channel 11, Dr. Katz is scheduled to be interviewed by Barbara Taylor on *City Desk News Hour* next Thursday, November 30th. The interview will air on the following dates and times: Thursday, 7:30 p.m.; Friday, 9 p.m.; Saturday 8 p.m.; and Sunday, 9 p.m.

Public Comment

- Debbi Lerman, Human Services Network, thanked the Commission, particularly Commissioner Monfredini and Commissioner Sanchez, for the meeting that was held on contracting problems. The meeting created a significant opportunity for progress. A number of agreements were made that are all very important to progress. The Human Services Network is looking forward to working together to move progress forward.

Commissioners' Comments

- Commissioner Monfredini is pleased with the outcomes of the meeting that was held between staff and Human Services Network. Everyone came to the table willing to make change and improvements.

- Commissioner Illig asked that all of the agreements made at the meeting with the Human Services Network be included in the minutes. No other Department is moving in this collective and cooperative way. The agreements are as follows:

    1. DPH program managers will meet with contractor staff annually to discuss and negotiate contract development, including outcome objectives (including those that are imposed externally), scope of work, monitoring, certification and the menu of options to expedite certification (i.e. multi-year contracts, 18-month contract, 12% contingency, interim agreements and/or COLA included in the base budget), cultural competency and exchange of data. This shall be done in a mutually agreed upon timeframe. The meeting will take place annually even if the contractor has a multi-year contract.

2. In case of data disagreements, contractors can share their data reports with DPH and DPH will match its data with the contractor's data.
3. Contracts Office staff will provide training to program staff in contract options. The training will focus on the methods that DPH has available to streamline the contract process (i.e. 18-month contract). The training will also encompass the COOL system. Contractors will have the opportunity to be involved in these trainings, and HSN will take responsibility for ensuring contractor representation. Anne Okubo will schedule training right away in each division.
4. Any contract changes, including any external state or federal mandates, must be discussed and negotiated with contractors in a timely fashion.
5. The use of COOL for contract development is voluntary for contractors, and will be combined with conversation and training.
6. DPH will develop and undertake a vendor satisfaction survey. There will be no field test for the survey. In addition to the one-time survey, the Department will establish a mechanism under which contractors would be able to provide feedback on their contract process at the conclusion of every contract cycle.
7. When disseminating information and proposing policy changes for contracts, DHP will reach out to organizations and contractor associations for feedback. Barbara Garcia's December budget meetings are a good model. HSN commits to sending knowledgeable representatives.
8. The Department will include contractors in the process of streamlining the cultural competency report to better measure effectiveness.
9. Staff will report to the Budget Committee four times a year and to the Health Commission twice a year.
10. Contract Narrative Changes
    a. The scope of work will be one sentence
    b. Target population will be in the form of a table or chart
    c. Methodology – Michelle Long has convened a committee to develop a mock up standardized methodology. All three DPH divisions are represented on the committee. A copy of the draft document will be sent to all providers. She will convene a focus group with providers to discuss.
    d. Objectives will be listed.

- Commissioner Chow hopes that the Department can revisit the idea of DOT in Chinatown. This was dropped last year, and he would like to see if it makes sense to reestablish the service.

- Commissioner Tarver asked how many people a year went to the TOPS site that would now be seen at San Francisco General Hospital. Dr. Katz will provide the Commission with this information.

- Commissioner Guy said that the TB program in the shelters has been very successful.

- Commissioner Monfredini said she met with Daisy Anarchy, Sex Workers Organized for Human and Civil Rights, along with some of her colleagues, and they are going to work together in January to address some of the issues that were raised at the meeting.

5) PRESENTATION OF EMPLOYEE RECOGNITION AWARDS FOR NOVEMBER

Commissioner Sanchez presented the Employee Recognition Awards for November.

Individual Award	**Division**	**Nominated By**
Burt Kirson	DPH	Rajesh Parekh

Team Award	**Division**	**Nominated By**
Laguna Honda Hospital Activity Therapy Team • John Chan • Susan Lindsay • Mariel Badiola • Gary Burgess • Henry Cortez • Angela Pownall-Elizalde • Eileen Stafsberg • Michele Lewis • Cheryl Landas	Laguna Honda	John Kanaley, Mivic Hirose and William Frazier

6) 311 CUSTOMER SERVICE CENTER UPDATE

Heidi Sieck, Acting Director, San Francisco 311 Customer Service Center, presented an update.

What is 311?

The San Francisco 311 Customer Service Call Center will provide comprehensive information regarding non-emergency city services. The mission of 311 is to provide excellent customer service to citizens, businesses and visitors and make it easier for everyone to access government services in San Francisco.

311 Business Objectives

- Two numbers to reach the City: 3-1-1 and 9-1-1
- Answer as many questions and requests as possible on the first call to 311.
- Improve the customer experience for citizens, business and visitors in all instances.
- Build the foundation for citywide customer service transformation.
- Be a public safety partner, providing important information during a time of crisis as well as serve as a back up 911 Call Center facility.
- Implement analytical tools to track performance and identify areas of improvement in both customer service and citywide service delivery.
- Provide career opportunities and be a great place to work.

Call Center Overview

The 311 Call Center will operate as a division of the General Services Agency out of a new, fully accessible facility at One South Van Ness, Second Floor. The facility is also a back-up 911 Call Center that will house 911 equipment and call takers in the event that the current 911 location is ever compromised. The 311 Call Center will be equipped with state-of-the art telecommunications and computer equipment including the Lagan Frontlink Customer Relationship Management (CRM) application that will be connected to all city departments and agencies. Based on 311 programs in other cities, San Francisco 311 is designed to handle 1.5 million calls annually and will operate 24 hours a day, seven days per week starting on the public launch date.

SCHEDULE (revised October 20, 2006)

September 1, 2006 – Call Center Construction Complete
November 3, 2006 – 25 City Staff Transition Offers Complete
November 13, 2006 – Supervisors First Day
December 4, 2006 – Customer Service Agents First Day
January 22, 2007 – Soft Launch with 28-CLEAN, 673-MUNI, 554-4000 Transition
March 2007 – Full Public Launch

Commissioners' Comments

- Commissioner Monfredini said this is an exciting project. The 911 call center gets too many calls that are not emergency in nature. This is a real selling point for San Francisco, and she will be happy to talk about it.

- Commissioner Illig asked if the listings for direct telephone numbers would continue. Ms. Sieck said this would be a policy decision made by the appropriate departments. Commissioner Illig said that the Health Department has partnerships with hundreds of non-profit contractors. He asked if these partners would be part of the information provided by 311. Ms. Sieck said that this decision would be made by the Health Department.

- Commissioner Illig asked how this links with the United Way's 211. Ms. Sieck said they have been working with 211 for the past two years to see how to best market each product and not overlap services. Ms. Sieck said all parties have agreed to use a quick reference guide for all 11 numbers in San Francisco, including 211, 311, 411, 511, 611, 711 and 911. Her project is also spearheading the N11 counsel, to bring all the parties to the table.

- Commissioner Chow asked how this would fit in with health issues and health management. It seems burdensome to have someone call the 311 call center to get to San Francisco General Hospital. The intent here is to have one number as a central information center, but we need to make sure that the Health Department does not market 311 as a disease or medical management service. Ms. Sieck said the value of 311 is that if people call looking for a service, 311 can get them to the right place. Ms. Kronenberg said this is a complex process. The Health Department has surveyed staff that provides public information, and 311 and the Health Department are in the process of determining how to best utilize the 311 project. Commissioner Chow asked for a six-month follow-up report after 311 begins in March.

- Commissioner Guy asked if we have lessons learned from Chicago and New York and other cities that have implemented 311 regarding the health aspect and what is this going to cost the Health Department. Ms. Kronenberg said neither Chicago or New York has an extensive health component—they primarily serve to transfer calls appropriately. With regard to resources, there is a lot of preparation involved. Once the start up period is over, it should not result in more work for Department staff. Ms. Sieck said Chicago used 311 as the number to report West Nile Virus. She added that the experience of other cities is that, once 311 starts, 90% of the misdirected calls stop.

- Commissioner Tarver urged that the 311 list of resources be inclusive of the Health Department's vendors. As an example, the only crisis center in San Francisco is Westside Crisis, and this is an important resource to include in 311. Further, if the 311 project is providing information about services, there are a number of caveats that need to be captured and communicated. If this project is informed by consumers, providers and other members of the public, it could be incredibly useful. He asked what the hiring strategy and timetable is, and will they be doing any outreach. He said that there are a variety of vocational programs that could provide applicants. Ms. Sieck said they are about ready to make offers to call takers. They had 1,200 applicants for 15 slots. They hope to have 20 additional slots next year.

- Commissioner Guy asked if 311 is funded through the general fund. Ms. Sieck said yes. The project received a $4.2 million start up allocation. This year, for first year of operating, the budget was $4.6 million. The annual operating budget will be approximately $7 million. Commissioner Guy asked that the next presentation include lessons learned from other cities, as well as lessons learned from San Francisco's experience.

7) CONSIDERATION OF A RESOLUTION APPROVING THE HEALTH COMMISSION'S ATTENDANCE POLICY

Lee Ann Monfredini, Health Commission President, presented the Health Commission Attendance Policy.

Commissioners' Comments

- Commissioner Chow recommended that the policy by amended to state that the annual attendance report be inclusive of attendance at scheduled Joint Conference Committee meetings and Budget Committees. The Commission agreed.

- Commissioner Illig asked that the annual report be provided to Commissioners. Ms. Kronenberg said that the report could be posted on the DPH website.

- Commissioner Tarver said the Commission should consider if it wants to incorporate the Mayor's suggested guideline that commissioners attend 90 percent of meetings.

Action Taken: The Commission approved the Attendance Policy as modified by commissioner Chow.

Action Taken: The Commission approved Resolution 15-06, "Approving the Health Commission Attendance Policy," with the amended attachment (Attachment A).

8) PUBLIC COMMENT/OTHER BUSINESS

Secretary's Note – public comment was taken after the approval of the Budget Committee Consent Calendar. Public Comment was also taken in its regular place in the agenda.

- Dr. Tompkins spoke about the issue of compliance with the agreement that the City entered into for Parcel A of Hunters Point Shipyard. The developer has not complied with the dust control provisions. They are not in compliance with the asbestos requirements. No scientific studies have been done, and he asks that the bad science stop. He asked that a DPH compliance officer monitor the site 24-hours a day.

- Youth representatives of Chinese Progressive Association and PODER attending the Health Commission meeting to gain exposure to the Health Commission. They are going to present to the Health Commission next year about the Tobacco Free Project.

9) CLOSED SESSION

A) Public comments on all matters pertaining to the closed session

- John Kanaley said that Dr. Katz has done an incredible job as the Director of Public Health. He gives him his highest commendation.

B) Vote on whether to hold a closed session

Action Taken: The Commission voted to hold a closed session.

The Commission went into closed session at 4:55. Present in closed session were Commissioner Monfredini, Commissioner Illig, Commissioner Chow, Commissioner Guy, Commissioner Sanchez, Commissioner Tarver and Commissioner Umekubo and Mitchell H. Katz, MD, Director of Health.

C) Closed session pursuant to Government Code Section 54957 and San Francisco Administrative Code Section 67.10(b)

PUBLIC EMPLOYEES PERFORMANCE EVALUATION:

MITCHELL H. KATZ, M.D, DIRECTOR OF HEALTH

D) Reconvene in Open Session

The Commission reconvened in open session at 6:15 p.m.

1) Possible Report on Action Taken in Closed Session (Government Code Section 54957.1(a)2 and San Francisco Administrative Code Section 67.12(b)(2).)

2) Vote to Elect Whether to Disclose Any or All Discussions Held in Closed Session (San Francisco Administrative Code Section 67.12(a).)

10) ADJOURNMENT

The meeting was adjourned at 6:15 PM

Rebekah R. Varela
Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

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Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
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John I. Umekubo, M.D.
Commissioner

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Mitchell H. Katz, M.D.
Director of Health

Rebekah R. Varela
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 5, 2006
At
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

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***The Budget Committee of the Commission will consider the consent calendar on this agenda at 2:00 p.m. at 101 Grove.** The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.*

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 21, 2006**
**Minutes of the meeting of November 21, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

Items for Discussion and Approval

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Shanti Project, in the amount of $1,837,371, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives Services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Walden House, in the amount of $1,057,218, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services and Prevention with Positives services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
*Contract summary, Monitoring report summaries, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $2,594,336, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction services, REACH Program and Counseling, Testing & Linkages services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summaries, Client demographic information form

Items for Approval

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Ark of Refuge, Inc., in the amount of $420,000, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Bay Area Young Positives, in the amount of $346,265, which includes a 12% contingency, to provide HIV prevention services – Prevention for Positive Youth in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $215,503, which includes a 12% contingency, for social marketing services and Web Site Translations services addressing methamphetamine use, for the period of November 1, 2006 through June 30, 2007 (8 months).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Girls After School Academy, in the amount of $168,000, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Iris Center, in the amount of $476,000, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction Services for Youth services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $172,794, which includes a 12% contingency, to provide HIV Prevention services – Counseling, Testing, & Linkages services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Mission Neighborhood Health Center, in the amount of $963,760, which includes a 12% contingency, to provide HIV Prevention Services – Counseling & Testing, and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through
June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summaries, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Mobilization Against AIDS International, in the amount of $439,600, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services for Youth services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Native American AIDS Project, in the amount of $436,144, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with New Leaf Mental Health Services, in the amount of $679,999, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction Services for White and African-American men between the ages of 30 and 50 who have sex with men who use methamphetamine, poppers and/or other substances (both intravenously and non-intravenously) - in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary & response letter, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Harder + Company Community Research, in the amount of $440,447, which includes a 12% contingency, to provide Technical Assistance & HIV Planning Council Support services, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with Continuum HIV Day Services, in the amount of $158,056, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with UCSF Women's Specialty Clinic, in the amount of $373,027, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives services, through the Sexuality and Empowerment Program, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through December 31, 2008 (2 years).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a retroactive contract with PHFE Management Solutions, in the amount of $537,600, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Evaluation Technical Assistance & Capacity Building Program services, Qualitative Evaluation Program services, and Referral Tracking services, for the period of July 1, 2006 through June 30, 2007 (1 Year).
* Contract summary, Monitoring report summary, Client demographic information form

AIDS Office-HIV Prevention – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $2,594,336, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction services, REACH Program and Counseling, Testing & Linkages services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).
* Contract summary, Monitoring report summaries, Client demographic information form

PHP-Housing& Urban Health – Request for approval of a retroactive renewal contract with Lutheran Social Services, in the amount of $455,656, which includes a 12% contingency, to provide money management and third-party rent payment services to residents of the Direct Access to Housing sites, for the period of July 1, 2006 through June 30, 2008. (2 years)
* Contract summary, Monitoring report summary and responses, Client demographic information form

PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $229,461, which includes a 12% contingency, to provide Supportive and Case Management Services for the Direct Access to Housing tenants at the Empress Hotel, for the period of September 30, 2006 through June 30, 2007. (9 months)
* Contract summary, Monitoring report summary, Client demographic information form

DPH-Central Administration – Request for approval of a retroactive new contract with the San Francisco Community Health Authority, in the amount of $810,817, which includes a 12% contingency, to provide consultant planning and design services related to the Health Access Program, for the period of October 1, 2006 through June 30, 2007 (9 months).
* Contract summary

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **FOR DISCUSSION:** **PRESENTATION OF THE CHARITY CARE REPORT**
(Anne Kronenberg, Deputy Director of Health, Director, Office of Policy and Planning)
**Report*

6) **FOR DISCUSSION:** **CULTURAL COMPETENCY PRESENTATION**
(Jason Hashimoto, Director, EEO and Tina Yee, Ph.D., Cultural Competence & Client Relations, Community Behavioral Health Services)
**Update*

7) **FOR ACTION:** **CONSIDERATION OF A RESOLUTION SUPPORTING UNIVERSAL HEPATITIS B SCREENING FOR ASIAN AND PACIFIC ISLANDER RESIDENTS OF SAN FRANCISCO (SUPERVISOR MA)**

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
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Donald E. Tarver, II, M.D.
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HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor
Department of Public Health

Mitchell H. Katz, M.D.
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Acting Executive Secretary

TEL (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 5, 2006
At
3:00 p.m.
101 GROVE STREET
Room 300
San Francisco, CA 94102

/5/06

1) CALL TO ORDER

Vice President Illig called the meeting to order at 3:17 p.m.

Present:	James M. Illig, Vice President Edward A. Chow, M.D. Roma P. Guy, M.S.W. Donald E. Tarver, II, M.D.
Absent:	Lee Ann Monfredini, President David J. Sanchez, Jr., Ph.D. John I. Umekubo, M.D.

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2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF NOVEMBER 14, 2006

Action Taken: The Commission approved the minutes of the November 14, 2006 Health Commission meeting with two additions. In item 9 Section B, page 11, Mitchell H. Katz, MD, Director of Health was not present in the Closed Session. In item 9 Section D, page 11, the Health Commission voted not to Disclose Any or All Discussions Held in Closed Session.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Chow chaired and Commissioner Tarver attended the Budget Committee meeting. The Budget Committee requested that items 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.15 and 3.20 be moved from the "For Approval" section of the agenda to the "Discussion and Approval Section."

Items for Discussion and Approval

3.1 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Shanti Project, in the amount of $1,837,371, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives Services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.2 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Walden House, in the amount of $1,057,218, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services and Prevention with Positives services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.3 AIDS Office-HIV Prevention – Request for approval of a renewal contract with UCSF AIDS Health Project, in the amount of $2,594,336, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction services, REACH Program and Counseling, Testing & Linkages services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.8 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Iris Center, in the amount of $476,000, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction Services for Youth services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.9 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Larkin Street Youth Services, in the amount of $172,794, which includes a 12% contingency, to provide HIV Prevention services – Counseling, Testing, & Linkages services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.10 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Mission Neighborhood Health Center, in the amount of $963,760, which includes a 12% contingency, to provide HIV Prevention Services – Counseling & Testing, and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.11 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Mobilization Against AIDS International, in the amount of $439,600, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services for Youth services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.12 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Native American AIDS Project, in the amount of $436,144, which includes a 12% contingency, to provide HIV Prevention services - Health Education and Risk Reduction Services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.13 AIDS Office-HIV Prevention – Request for approval of a renewal contract with New Leaf Mental Health Services, in the amount of $679,999, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction Services for White and African-

American men between the ages of 30 and 50 who have sex with men who use methamphetamine, poppers and/or other substances (both intravenously and non-intravenously) - in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.15 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Continuum HIV Day Services, in the amount of $158,056, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).

Items for Approval

3.4 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Ark of Refuge, Inc., in the amount of $420,000, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.5 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Bay Area Young Positives, in the amount of $346,265, which includes a 12% contingency, to provide HIV prevention services – Prevention for Positive Youth in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.6 AIDS Office-HIV Prevention – Request for approval of a retroactive contract renewal with Better World Advertising, in the amount of $215,503, which includes a 12% contingency, for social marketing services and Web Site Translations services addressing methamphetamine use, for the period of November 1, 2006 through June 30, 2007 (8 months).

3.7 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Girls After School Academy, in the amount of $168,000, which includes a 12% contingency, to provide HIV Prevention Services - Health Education and Risk Reduction services to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.14 AIDS Office-HIV Prevention – Request for approval of a renewal contract with Harder + Company Community Research, in the amount of $440,447, which includes a 12% contingency, to provide Technical Assistance & HIV Planning Council Support services, for the period of January 1, 2007 through June 30, 2009 (2.5 years).

3.16 AIDS Office-HIV Prevention – Request for approval of a renewal contract with UCSF Women's Specialty Clinic, in the amount of $373,027, which includes a 12% contingency, to provide HIV Prevention Services – Prevention with Positives services, through the Sexuality and Empowerment Program, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through December 31, 2008 (2 years).

3.17 AIDS Office-HIV Prevention – Request for approval of a retroactive contract with PHFE Management Solutions, in the amount of $537,600, which includes a 12% contingency, to provide Fiscal Intermediary Support for the Evaluation Technical Assistance & Capacity Building Program services, Qualitative Evaluation Program services, and Referral Tracking services, for the period of July 1, 2006 through June 30, 2007 (1 Year).

3.18 PHP-Housing& Urban Health – Request for approval of a retroactive renewal contract with Lutheran Social Services, in the amount of $455,656, which includes a 12% contingency, to provide money management and third-party rent payment services to residents of the Direct Access to Housing sites, for the period of July 1, 2006 through June 30, 2008. (2 years)

3.19 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Baker Places, Inc., in the amount of $229,461, which includes a 12% contingency, to provide Supportive and Case Management Services for the Direct Access to Housing tenants at the Empress Hotel, for the period of September 30, 2006 through June 30, 2007. (9 months)

Action Taken: The Commission removed item 3.20 from the Consent Calendar and approved items 3.1 through 3.19.

3.20 DPH-Central Administration – Request for approval of a retroactive new contract with the San Francisco Community Health Authority, in the amount of $810,817, which includes a 12% contingency, to provide consultant planning and design services related to the Health Access Program, for the period of October 1, 2006 through June 30, 2007 (9 months).

Tangerine Brigham presented item 3.20. She stated the contract was to assistance with pre-planning and design activities for the eventual launch of the Health Access Program. A key partner in this process is the San Francisco Health Plan. Members or enrollees will become members of the San Francisco Health Plan, possibly doubling the number of members. SFHP will have to look internally at its operations and structure to ensure that it actually has the capacity to serve these new members. These funds will help the Health Plan to start this process. The Health Plan is also putting many of its own resources into the process.

Commissioner Comment

- Commissioner Chow stated that he appreciated the explanation that Tangerine Brigham gave earlier and asked her to go into more detail regarding how this will fit into the future. Also what roles will the health department and commission fit into ensuring the success of this program? Tangerine Brigham stated that DPH and SFHP will be partnering on this. The contractual relationship does not stop with this particular contract. Certainly when this program is up and running we will have an ongoing relationship with SFHP, similar to the relationship DPH currently has with SFHP in other programs such as Healthy Kids.
- Commissioner Tarver added that Ms. Brigham sat on the committee to select the first vendor through the SFHP. He also stated that he wanted to build a relationship with the HAP pre-planning process and the CHN JCC to keep abreast of issues and developments of the HAP. He also wanted to touch base regarding medical home and ensuring that behavioral health services are thought of on par with medical services. Much of what he reads about the HAP is focused on primary and specialty care, and he would like to see that the HAP stays close to the original intent which was also to focus on preventative care. Perhaps for some, the best medical home may be a behavioral health center and not a primary care clinic. He also added that cultural competency is rich on the CBHS side and much less so on the CHN side. He stated that CBHS involves client choice and information, and involves specific demographic factors beyond language and race. He hoped that the HAP will also use this approach. Tangerine Brigham responded that she would be presenting to the CHN next week, and that the department has several roles and we will make sure we fulfill them. In regard to medical home and behavioral health, we have a behavioral health workgroup that is led by CBHS to work on the issues that Dr. Tarver raised. In respect to cultural competency, we will ensure that that is taken into account.
- Commissioner Illig also stated that Dr. Katz will be presenting to the Health Commission regarding HAP before going to the BOS. Ms. Brigham responded that this is scheduled for January 16th.

Action Taken: The Commission approved item 3.20.

Public Comment

- Michael Petrelis requested that the Health Commission be broadcast on television and also commented on item 3.6 (contract with Better World Advertising) stating that he sent a letter to Daniel R Levinson, Inspector General of HHS, demanding a performance audit and a fiscal audit of all contracts the CDC has given to Better World Advertising for the HIV Stops with Me social marketing campaign. He stated that we really need to have independent eyes to look over the reports that Better World have been submitting to CDC, look over all the receipts submitted, and also to look at the seven other cities where HIV Stops with Me. His two page letter cites an audit from September of 2005 conducted by HHS. A disturbing finding was wide spread deficiency throughout the award phase. He stated that his letter is posted on petrelisfiles.com.

4) DIRECTOR'S REPORT

Anne Kronenberg, Deputy Director of Health, presented the Director's Report.

Keynote Speaker New America Foundation Summit

Mayor Newsom was scheduled to speak today in Sacramento at the New America Foundation Summit on the City's Health Access Program, but at the last minute had a conflict. The Mayor asked Dr. Katz to fill in for him, so he drove up to Sacramento this morning and will miss much of today's Health Commission meeting. The Summit's focus is the high cost of health care and the need to creatively develop plans to increase health access for the uninsured and underinsured.

Ryan White CARE Act Moving Toward Reauthorization

The Ryan White CARE Act took a step toward reauthorization today when the bipartisan Congressional committee accepted Senator Ted Kennedy's proposal. Essentially the Senator's proposal would extend the CARE Act for three years and maintain communities' funding levels at no less than 95 percent of what they received in 2006. For San Francisco this would mean a loss of $1.5 million from our current allocation over the three years of the bill, for a total loss of $4.5 million.

The proposal provides a transition period for states, like California, with immature names-based reporting systems, while directing funds to communities with emerging AIDS caseloads. It includes an absolute repeal of the law after three years in order to force the issue of restructuring to meet the current needs of emerging communities working to provide AIDS care.

This proposal, which is significantly more favorable toward San Francisco than the one put forward prior to the October Recess, must now be approved by both houses of Congress. Senator Kennedy has expressed his commitment to reauthorization before Congress adjourns later this month.

Board of Supervisors Resolution and Ordinance on DPH Contracts

At the October 17th meeting the Commission took action to address concerns raised by a new interpretation by the City Attorney of City Charter provisions on contracting. Dr. Katz is happy to report that yesterday the Board of Supervisors Finance Committee approved a resolution to ratify approximately 100 DPH contracts. In approving the resolution, the Board 1) retroactively approved contracts previously approved by the Commission; and 2) prospectively approved 3-year extensions for these contracts.

In addition, the Finance Committee recommended approval of an ordinance that will amend the City's Administrative Code. The ordinance authorizes the Health Commission to designate non-profit professional service contracts as sole source. The sole source designation is for services that are unique to DPH and require specialized personnel or facilities provided by a limited number of non-profits. The ordinance will be heard by the full Board at today's meeting and is expected to be approved.

California Pacific Medical Center Town Hall Meeting
On Wednesday, November 29th Dr. Katz spoke at a panel "Got Healthcare? Lucky You." It was presented by the California Pacific Medical Center Program in Medicine and Human Values and the San Francisco Medical Society. His presentation on the Health Access Program was well received.

Commissioner's Comments:

- Commissioner Chow: In regard to the Ryan White Care Act, was the 3-year absolute repeal a compromise? Will we have an extensive role in looking at how things should be? Anne Kronenberg responded that this was a compromise, but that it was the best thing we had seen and that the hold harmless provision was still in place and that was where we would have lost a lot of money. She also stated that James Loyce was present to elaborate. James Loyce added more specifics to the Director's Report including that over the 3 years of this bill, SFDPH will receive 95% of the 2006 budget and that this Act counts AIDS cases were they are, as opposed to previously reporting where they were tested. In addition, this Act maintains funding for pharmaceuticals. We will continue to engage in the development of a new Ryan White Care Act. Outstanding questions include whether it will reflect national reporting? Will there be a 5 year or 10 year band? We also want to ensure that aging AIDS cases aren't dropped. When he was in Washington DC, people with AIDS diagnosed beyond 5 years ago presented asking if they were not important. HRSA will be coming up with a severity of need application and HHS will have to come up with a clear definition of severity of need. We will have an active role in this definition. Finally, there is a four-year transition plan for submitting data to the CDC. Even if we are ready in 4 years, if the state is not ready and the other counties are not ready we will have some problems.
- Commissioner Illig asked if the hold harmless was the same in total formula or the entire allocation. Mr. Loyce responded that they are interpreting the language to mean the entire allocation as it is not specific to Title 1. He also added that he thinks the supplemental applications won't be important after 2007.
- Commissioner Illig asked if 70% of Title 1 still needs to go to medical care. Jimmy Loyce responded that it is still in there, but the language around medical outcomes has loosened some. He stated that you need to be able to link your services to a medical outcome, and we believe that we can link our services to an improvement in the Pearson's medical status.
- Commissioner Tarver stated that we saw a number of prevention contracts come through the budget committee today and that 3 years is not a long time for the whole Ryan White Care Act to be reevaluated. HIV prevention can be tied to actual health outcomes and it seemed there were questions that there were CDC PEMS measure that has been dropped for over a year, and the department has its own measures that looks at avoiding or preventing transmission in various at risk populations. Jimmy Loyce responded that the HIV Health Planning workgroup does not see this as a reprieve from their charge and they also do not think that 3 years is a great deal of time. They have expectations that they will be completing their work in a very short order.
- Commissioner Guy stated that 3 years is nothing and that she appreciates that the work we started will continue. She asked if this 3 year time limit was related to the politics of the next presidential election. Is this a coincidence? Jimmy Loyce stated that is was not.

5) PRESENTATION OF THE CHARITY CARE REPORT AND CONSIDERATION OF A CHARITY CARE RESOLUTION

Anne Kronenberg, Deputy Health Director, Director, Office of Policy and Planning and Alicia Neumann, Senior Health Planner, Office of Policy and Planning presented the 2005 Charity Care Report. The 2005 Charity Care Report presented the following information about charity care in San Francisco:

- Compliance with the Charity Care Ordinance.
- Charity care needs and resources.
- Summary of charity care provided.
- Analysis of charity care provided.
- Summary of additional community benefits.
- Analysis of additional community benefits.

Compliance with the Charity Care Ordinance

Data on San Francisco Charity Care primarily comes from local hospitals, most of which report in accordance with San Francisco Ordinance 163-01. All hospitals report problems with two aspects of the ordinance; providing zip codes for applicants who are denied charity care yet may receive care through other means, and providing information about hospitals to which patients may be referred subsequent to receive charity care.

Charity Care Needs and Resources

To present a context for charity care in San Francisco, the Department of Public Health reports community health need by insurance coverage and health resources by reported characteristics. While Medicare and Medi-Cal patients utilize a high percentage of total care, as expected, those who are uninsured and otherwise publicly insured do not receive as much care as might be expected.

Charity Care Resources

Charity care resources for San Francisco include clinics, private practices, and these hospitals: CPMC, UCSF, SFGH, Chinese, Kaiser, St. Francis, St. Luke's, and St. Mary's. CPMC, UCSF and SFGH operate the largest hospitals in San Francisco. The final report will contain more information from the hospitals about their unique characteristics and approach to Charity Care.

Charity Care Summary

The San Francisco Department of Public Health measures hospital charity care by:

- The number of applications.
- The number of unduplicated patients.
- The number and type of services.
- The cost of expenditures.

Summary: Charity Care Applications

All applications are handled within programs designed to find people coverage whenever possible. A denied application does not mean that care was not received; rather that the person most likely was eligible for another program. Also, all hospitals use a sliding scale of payment for patients who do not meet charity care guidelines, but come close. Accepted applications were down 18,000 from 2004 primarily due to SFGH improving eligibility. Applications denied were the same as 2004.

*Summary: Charity Care Patients*Patients were down slightly due to decreases at SFGH and St. Luke's, and increases at UCSF and St. Mary's. Patients are up 27,000 from 2001.

Summary: Charity Care Services
Total services were down 7,000 due to decreases at SFGH and St. Luke's and increases at St. Mary's and UCSF. Emergency services were up from 13% of total to 19% of total. Outpatient services were down from 82% of total to 76% of total. Inpatient services were unchanged at 4-6% of total. A change in service types provided is occurring at specific hospitals.

Summary: Charity Care Expenditures
How charity care is calculated: cost to charge ratio equals patient expenses / patient revenue. The higher the ratio, the closer the costs and charges. Chinese and SFGH charge less relative to cost than Saint Francis and CPMC. Physician costs play a large role – hospitals can speak to other elements.
Summary: Charity Care Expenditures
Increase of $8 million primarily from SFGH, which is now including SF Behavioral Health Center; CPMC and St. Mary's also up.

Charity Care Analysis
The San Francisco Department of Public Health analyzes hospital charity care by:

- Location.
- Size.
- Benefit from Non-Profit tax status.

Analysis by Location
The San Francisco Department of Public Health analyzes hospital charity care by location according to:

- District.
- Hospital and Supervisorial District.
- Hospital zip code.
- Supervisorial District with income data.

Location: Applications by Supervisorial District
The highest number of charity care applicants come from Districts 6, 9, and 10, which correspond to the SOMA/Tenderloin, Mission and Bayview/Hunter's Point Neighborhoods.

Location: Applications by Hospital and District
SFGH has high number of applicants from all districts. UCSF has high number from outside SF, as does Saint Francis.

Location: Applications by Hospital Zip Code
Patients will travel to receive charity care – SFGH received thousands of applications from residents located near other hospitals.

Location: Applications by District with Income Data
Districts 6, 9, and 10, which correspond to the SOMA, Mission and Bayview/Hunter's Point Neighborhoods have the highest number of residents both applying for charity care and in poverty. District 11 has the lowest per capital income of all districts, with 10% of charity care applicants.

Analysis by Hospital Size
The San Francisco Department of Public Health analyzes hospital charity care by size according to:

- Number of unduplicated patients.
- Average daily census.
- Staffed beds.
- Expenses and income.

Size: Charity Care per Unduplicated Patient
CPMC and Kaiser spend the most per patient. All hospitals' per patient expenditures have decreased from 2004, UCSF most dramatically from $2415.

Size: Charity Care by Staffed Beds and ADC
There is a lack of correlation between hospital size and charity care provided. After removing SFGH, the picture becomes even clearer.

Size: Charity Care by Expenses and Income
SFGH and St. Mary's provide the greatest percentage of Total Operating Expenses as charity care. St. Luke's and UCSF with negative return on income, provide charity care relative to net income. This shows a lack of correlation between hospital profit and charity care.

Benefit Analysis
Only one hospital, St. Luke's provides charity care in excess of its estimated tax benefit. CPMC receives a benefit of $45 million dollars. The historical trend shows that the gap between tax benefit and cost of charity care provided is fluctuating.

Additional Community Benefits
All of these benefits are reportedly limited to organizations that serve low-income populations; however, all of this information is self-reported and some hospitals have difficulty separating low income from other activities.

Commissioners' Comments

- Commissioner Illig disclosed that he is on the board of St. Mary's Hospital and has no fiduciary role in that position.
- Commissioner Guy stated that this is a hard report, and thanked the leadership from the health department. She also acknowledged that this process had a rocky start and that everyone did a great job coming to common ground. On the question of whether the Medi-Cal shortfall chart is included or not, she stated that it is true there have been some discussions and that no agreements have been come to. She asked how this reflects the original intent of the legislation and stated that she would not like to return to a place of political contention.
- Commissioner Chow stated that he would like to commend everyone for coming to the table, whether it was legislated or not, and that what charity care really means is getting down to the needs of underserved, seeing that those who are underserved are really cared for. He added that any additions to the report should be credible and be an accepted community marker. He also asked that PHI be invited to help come up with these standards.
- Commissioner Tarver stated that the report itself is a very commendable expansion of what he saw last year. He also stated that he is still learning about this ordinance and that as everyone knows he is a community psychiatrist in the CBO environment and that he also has a private practice with clients receiving Medi-cal, Medi-care, etc. He acknowledged that some part of doing business also involves public relations. He stated that he does join the chorus that this is good work but that when he hears about something like reporting a Medi-Cal shortfall, he sees

this as most distant from Charity Care. He stated that these funds are a method of payment and that they do not get to be included in Charity Care because they aren't what you think you deserve. Lastly, he stated that if we expand the definition of charity care it needs to be inclusive of what is no longer funded and that he would like the department to create an analysis of what is the level of charity care that should be provided and that we task providers with standards we have set based on a similar set of criteria.

- Commissioner Illig stated that San Francisco is very lucky to have non-profit hospitals, and that we don't have for-profit hospitals that do not have to cooperate. San Francisco's hospitals have come to the table on specific health issues. As far as measures that everyone can accept, PHI does offer some. He also stated that he is disturbed to hear that a representative of St. Luke's is not in the working group. He also stated that in an ideal world there would be no charity care due to HAP starting July 1st. He stated he is looking forward to future reports, and would love to see how hospitals are welcoming HAP patients, which to him, is the future of charity care.
- Commissioner Chow asked if in future reports they will be able to break out St Luke's from CPMC. Henry Yu, Controller for CPMC stated that they would be reported separately.

Public Comment

-Dr Martin Brotman stated that CPMC is committed to serve their fair share of charity care patients. To this end CPMC has extended their definition of charity care to 400% of the poverty level, double the standard in able to open their doors as wide as they can. They also decided to partner with the Community Clinic Consortium. They have a community grants program that funded 19 community programs last year. In addition they provide an African American breast health project that focuses on screening and education. They have a health chaplains program in the lower income areas. They also partner with Galileo Health Academy to help develop careers in health. They also have another program at St. Luke's focusing on lowering the incidence of hospitalization and emergency visits. They are also fully funding and opening a primary care clinic in the Bayview/Hunters Point.
-Dr Matthew Spitzer, St. Anthony's Free Clinic, wanted to point out an example of their work with CPMC. St. Anthony's is a Free Clinic serving people from the Tenderloin and Civic Center areas. They receive a community health grant from CPMC that supports a collaborative for diabetes care, nutrition counseling and expanding their access to specialty care. He also stated that they agree with the items in the resolution supporting standardized reporting and evaluation of charity care granting.
-Dr. Berman from South of Market Health Center, wanted to comment on the role of CPMC. 65% of their patients are uninsured and getting specialty care appointments can be very difficult. A patient came in trying to get primary care with symptoms of colon cancer, and attempted unsuccessfully to get a timely appointment. When the CPMC grant came through he was able to get an appointment and was able to go to SFGH and see an oncologist.
-Catherine Ronan Karrels and Michael (student) of De Marillac Academy, a school located in the Tenderloin, which opened 6 years ago and has a relationship with CPMC stated that in their counseling program, CPMC has assisted with both academic and personal counseling. In the Health Champions program, they have worked with the students and their families to improve community heath. Michael stated that Health Champions has changed his eating habits and allowed him to go on a 5k run, which he wouldn't have done without Health Champions.
-Barry Lawlor of St. Mary's Medical Center thanked Alicia and Anne for facilitation and leadership during this process. He also commented on the issue of how some of the charity care ends up clustered around the emergency and in-patient realm and while that can be seen as a failure of preventative care, the clinic he runs (the Sister Mary Philip Health Center) is a shining example helping to keep clients healthy and preventing the exacerbation of other health conditions. He also asked the commission to consider as a provider of services to a 3rd of our patients, to consider the MediCal shortfall as a donut around charity care.

-Father John Hardin, St. Anthony Foundation, appreciated Dr Tarver focusing on looking at the total individual. Their clinic is 100% funded by private sources, with a 2.1 million budget, over 11,000 patient visits in over 9 languages. Many of their patients have dual and sometimes triple diagnosis. He had a meeting with the Chief of Staff of HHS, who stated that CPMC programs are a model for charity care. They have also been able to provide respite care for around $200 a day for over 50 people.

-Linda Bien, President/CEO of North East Medical Services, wanted to applaud everyone that is working on the charity care initiative particularly focuses on primary care. Community health clinics in particular focus on the idea of prevention and help to reduce the cost of health care at its most expensive point. NEMS is comprehensive in its out-patient services and relies heavily on CPMC for in-patient services. This year marks our 20th anniversary working with CPMC with pregnant women, 10th year working with Health Families and Health Kids, serving over 9,000 patients. CPMC has been responsive to their linguistic and cultural needs and continues to work closely with them striving to provide the best patient care. She also supports CPMC's efforts to revitalize St. Luke's as there are many clients who need their services.

-Darren Ow-Wing, Community Educational Services, who operates Galileo Health Academy, stated that CPMC agreed to participate in the Health Academy. The first year was a failure and CPMC stuck with it and helped them do it a better way. Every student, either an A or F student, gets 32 hours of mini-internships at the hospital. Every student is also being trained as an EMT with City College. Because of the success of this program, it will be expanded to Mission High School.

-Sydney Liu-Hanoaka, a senior at Galileo Academy, has an internship at Haight Ashbury Free Clinic through the Health Academy. She now aspires to work in the mental health field which she was not previously interested in.

-Gladys Sadlin of Mission Neighborhood Health Center was here to speak particularly about the tremendous help from CPMC regarding eye care. They have been able to refer people for eye exams and eye care. Without this help somebody would have to take care of these clients. They have been able to regain the ability to take care of themselves and their children will be able to continue to work and contribute in the private sector.

-Kent Woo of NICOS Chinese Health Coalition is a member of the CPMC Community Benefit Advisory Committee and Chinese Community work group. Through the health fair sponsored by CPMC, they were able to serve more than 2000 clients. They have also received support for their Health Families/Health Kids programs as well as their enrollment services. They also go the extra step by ensuring families can navigate the health care system.

-Dick Hodgson of Community Clinic Consortium would like to thank Anne for her leadership and Alicia for her analysis and her patience as well. He feels that community benefit services are charity care. These services are seeking to avoid hospitalization and that this is a good thing. He also stated that it needs to be acknowledged that Kaiser has provided lots of community assistance, St. Francis has supported Glide and of course UCSF has provided all types of support.

-Dr Nadine Burke stated that what CPMC does really well is to create innovative ways to work on behalf of the poor. Best practices are not always captured by standard measures. One thing CPMC is constantly associated with is excellence in quality of care. This is part of the reason she is so excited about the project she is working on which is Bayview Child Health Center, which has a goal of reduced hospitalization for diabetes and obesity.

-Charles Range, Director of South of Market Health Center, stated that they serve a number of South of Market clients without a city contract. It is amazing to him that a private clinic came to them and asked what help they may need. As a result they were able to get a grant to provide services to the uninsured. CPMC should get all the praise that the city can give for what they do for San Francisco. He stated that CPMC has an attitude of coming to you to see if you need help.

-Nikku Dhesi, psychoanalyst at St Anthony Free Medical Clinic, stated that his position is funded by the CPMC grant. He feels that he has been able to help both clients and providers by providing behavioral health services at St. Anthony Free Medical Clinic. He states that he has seen a higher level of compliance since also being able to provide mental health services. He also stated that there is a cost-benefit such as providing clients alternatives to the emergency room.
-David Grant of Senior Action Network provides counseling and benefit assistance to over 100,000 Medicare beneficiaries through the HICAP program. Charity care is very important but feels that including the issues of MediCal shortfall and other similar issues in the Charity Care Report confuses the issues of how to provide better health care for low income people in San Francisco. further conclusion of reimbursement of, thank Charity Care,
-Ron Smith of the Hospital Council of Northern California thanked Anne and Alicia and stated that they have done an exceptional job of leading this group. He also stated that the hospitals of San Francisco have heard you and are responding with a wonderful array of programs. He also stated that he would like to have Alicia's last chart regarding the MediCal shortfall be put into report. He stated that the press does not look at the whole situation; they only look at the charts. He stated that hospitals don't have the recourse of tax payer money and that adding this final chart gives context.
-Rhody McCoy of African American Health Disparity Project, Prostate Health Initiative is here for two reasons, one to talk about commitment regarding the Prostate health initiative. In addition, he wanted to bring attention to the funding of the prostate health initiative, as CPMC has continued to step up to the plate, most recently evident in their goal to educate 2,400 African American men regarding prostate cancer, and to screen 2,400 African American men as well. So far they have screened up to 200 men the first year.
-Jeffery Sterman, Kaiser Permanente stated that one of the things you have in front of you is some of the reports from Kaiser who continues to be committed to charity care. He stated that they continue to do the knowledge transfer to community clinics, increasing access to health care, commitment to chronic disease management and violence prevention. He stated that they are the founder of Operation Access and that they have gone ahead and increased their number of surgeries. They have also provided 2 million in grants for community programs and lent their actuaries to the HAP project. He invited the Health Commissioners to attend a day of surgery on Saturday.
-Meg Cooch, Director of Planning for Elders, an organization who works to improve the quality of life for seniors, stated that she would like the charity care report to remain focused on charity care and that perhaps community benefit should be a separate report. She stated that she felt the BOS was pretty clear in their scope of what of should be included in the report.
-Susan Moore of UCSF Medical Center stated that UCSF has been an active participate in the working group which has included some spirited conversations and even some disagreements, although she believes this reflects the passion that the participants feel about the issue of charity care. She stated that the issue of charity care is a complex one, which includes a whole spectrum of services that need to be coordinated. In addition, the health care financing system is fragile and failing. She stated that the charity care report is limited in what it is asked to include. She stated that the HAP program or something like it may be a solution. She stated that they would like to work with DPH and HAP to help implement a strong program.
-Emily Gordon of SEIU – UHW, who worked on the original initiative, stated that she believes there is a valuable aspect to representing all of the community benefit services but that to continue to change the report would detract from the original intent of the document. She stated that the last table should not be in the report at all. She said that they are sympathetic of the issue of MediCal short falls, but feels there needs to be more work around how to evaluate this.
-Abby Yant of St Frances Memorial Hospital stated that it is important to recognize that while they did come together in a rather spirited manner, they first sat down and discussed where they wanted to go. Where they went was to come together and report on how to serve underserved populations,

and they agreed on putting the information that has been submitted into the report. She also stated that she feels it is arbitrary to be arguing over one table and feels that it should be in the report.
-Judy Li of St Luke's wanted to share the launch of a new ambulatory health center which has the goal of improving quality and affordability of primary care. She stated that they are the primary provider of health care in the Mission and that there is a high incidence of asthma in the pediatric population. She extended an invitation to tour the clinic.
-Rosario Anaya, Mission Language and Vocational School stated that St Luke's have always provided a safety net for the poorest of the poor. She stated that they have being referring families to St Luke's for care which they have always received.
-Theresa Brooks read a letter addressed to the Health Commission from Supervisor Sophie Maxwell. The letter stated that the charity care report is a critical tool which allows the city to evaluate the provision of charity care by San Francisco non-profit hospitals and thereby maximize access to health care for all San Francisco residents regardless of ability to pay. She stated that she was concerned that as additional information is added the report the original intent may be subsumed. She strongly urged the Health Commissioners to work with the Board of Supervisors to set up a process to address the question on whether additional information on community benefit should be added to the report, whether there is a need for supplemental or a separate report evaluating community benefit, and how to assess any additional information that is added.
-Bob Toomey read a letter addressed to the Health Commission from Supervisor Aaron Peskin. The letter included the following; that Supervisor Peskin recognizes that non-profit hospitals, because of their favorable tax treatment, have a special duty to serve uninsured and poor patients and mandated the issuance of the charity care report to ensure the fulfillment of this duty and assist the City in planning appropriate responses to unmet charity care needs. He also stated that we must accurately capture the delivery of charity care in the city as we make our plans for universal coverage. He strongly urged the Health Commission and DPH to open a dialogue with the BOS, the hospital industry and the greater community before including additional information in the Charity Care Report.
-Jaya Chatterjee read a letter addressed to the Health Commission from Supervisor Tom Ammiano. The letter stated that the currently Charity Care report is mandated by legislation passed by the BOS. The purpose of the report is specifically to evaluate the provision of Charity Care by San Francisco's non-profit hospitals so as to ensure that San Francisco's uninsured and poor patients have access health care and to consider additional community benefit items. The letter also stated that Supervisor Ammiano strongly believes that the legislation is clear in its intent to limit the scope of the Charity Care Report to the evaluation of Charity Care under this definition. While we agree that the complete scope of community benefits provided by San Francisco's hospitals cannot be fully captured by the information included in the current Charity Care report, I strongly encourage the creation of a standardized system to ensure community benefits are measured consistently throughout all hospitals and are targeted to the appropriate population in addition to services provided under the intent of the Charity Care.

Action Taken: The Commission adopted the Charity Care Resolution.

6) CULTURAL COMPETENCY PRESENTATION

Jason Hashimoto, Director, EEO and Tina Yee, Ph.D., Cultural Competence & Client Relations, Community Behavioral Health Services

Update on the San Francisco Department of Public Health Cultural and Linguistic Policy: Introduction of Pilot Evaluation Tool for Reviewing Cultural Competency Reports

Background

On January 8, 2002 the San Francisco Health Commission unanimously passed a resolution adopting the Culturally and Linguistically Appropriate Services (CLAS) standards as general guidelines to provide a uniform framework for developing and monitoring culturally and linguistically appropriate services.

In adopting the CLAS Standards, the Commission acknowledges that the CLAS standards as implemented by the Department of Public Health are intended to be broadly inclusive of diverse racial, ethnic, sexual and other cultural and linguistic groups. The CLAS standards as utilized by the Department of Public Health are intended to serve as general guidelines and not as mandatory requirements.

Providers of direct services are required to submit an annual Cultural and Linguistic Competency Report to the DPH section responsible for monitoring the contract with a copy to the DPH EEO/Cultural Competency Office. This report is due on September 30th of each year or within 60 days of the award of a contract if the provider has not previously submitted an annual report.

Pursuant to the Department of Public Health's Cultural and Linguistic Competency Policy, Program Manager/Analysts shall review the annual report utilizing a standardized monitoring tool as part of their regular contract monitoring process. In 2006, the Cultural Competency Task Force implemented a pilot Evaluation Tool.

Training – Completed in 2006

The Department received a grant of $ 121,000 from the California Endowment to develop a program to train DPH program managers to evaluate the Cultural Competency Reports. A series of five training workshops were offered and attended by Program Managers and Community Contractors. The workshops are as follows:

a. Affirming Cultural Competence
b. Assessing Organizational Cultural Competence
c. Goals and Objectives for Cultural Competence
d. Dialogue on Differences
e. Best Practices in Cultural Competence

Attachment A was a copy of the training brochure.

Pilot Program: Cultural Competency Evaluation Tool

The Cultural Competency Task Force developed an evaluation tool for Program Manager/Analysts to utilize in reviewing the Annual Reports. Attachment B is a copy of the Evaluation Tool.

The Evaluation Tool covers the three main sections of the Cultural Competence Report:

A. Supporting Policies and Procedures
B. Contact Information
C. Narrative Report

Checklists were established for measures reviewed in the Narrative Report, such as linguistic competence, staff capacity, and proposed remedies for potential barriers to service. In addition, the Evaluation Tool was designed to be part of a developmental process between DPH and our contractors. The Evaluation Tool provides space for comments from the Program Manager/Analysts, and allows the reviewer to note areas of strengths or advancements in cultural and linguistic competency as well opportunities for improvement and constructive feedback to assist the contractor.

This is a pilot program and the first year that Program Manager/Analysts have been asked to utilize the tool to review the Annual Report. A focus group with Program Managers/Analysts who have used the Evaluation Tool in reviewing Cultural Competency Reports from this year gave us valuable feedback such as inclusion of the fiscal year, and the provision of additional pages where a contractor has more than one program. These changes have been incorporated in the Evaluation Tool in this packet.

In 2006, the EEO/Cultural Competency Office provided a Cultural Competence Report format to our contractors, which follows the format of the Evaluation Tool. Attachment B is a copy of the report format.

At the informational meetings held for contractors and DPH Program Manger/Analysts on August 30 and September 6, 2006, we stressed the developmental nature of cultural competence. The report format allows Contractors to present advancements in cultural and linguistic competency as well as identify opportunities for improvement and a plan to attain those goals and objectives. After utilizing the Evaluation Tool to review the Cultural Competency Report, the Program Manager should then initiate a dialogue with the contractor to address areas for development.

Next Steps

Instead of submitting a full report each year, the Cultural Competency Task Force recommends that the Program Manager and Contractor have discussions to prioritize the opportunities for improvement and select three for this year and, perhaps, each subsequent year of the contract. The contractor then need only update its contact information and provide an update on those three items for next year's report. The opportunities selected should have outcomes that are measurable. The completed Evaluation Tool should be used to outline the opportunities for improvement for the subsequent years of the contract. The shortened Annual Report will continue to be submitted to each DPH Program Manager/Analyst as well as DPH's EEO/Cultural Competency Office.

DPH's Health Education section will conduct its Goals and Objectives for Cultural Competency workshop in the early part of 2007. This is the same workshop that was offered as part of the Advancing Cultural Competence series.

In 2007 the Cultural Competency Task Force with members of the Health Commission plan to address the assessment of cultural and linguistic competency within DPH.

In 2007, the Cultural Competency Task Force will collect additional feedback from the Program Manager/Analysts on the usefulness of the Evaluation Tool to review Cultural Competency Reports.

In late 2007 or early 2008, the Cultural Competency Task Force will survey the Program Manager/Analysts and our Contractors to assess the new process and how well it is supporting measurable advancements in cultural and linguistic competency. The results will be reported to the Health Commission.

Commissioners' Comments

- Commissioner Tarver stated that it is wonderful to see this whole instrument. Having sat on the budget committee this year it is often an issue for him regarding programs for what has been submitted because it doesn't always flow through the program mangers to the Health Commission. It makes sense to him that the new evaluation needs to be sent with the budget packet. The other piece is around silos in each program. He stated that Tina and Jason were the best evaluators and he wants to see how it is evidenced that how collaboration benefits the individual. He stated a lot depends on where they show up and who they show up to. How do the providers know who to plug into for culturally competent services? Tina Yee responded that what they were trying to do in this whole effort is to show that cultural competency is developmental. Part of the training focused on cultural humility. They have focused on the contractors, not our own department and some groups are doing better than others. Next year they hope to address some of that. Regarding questions about the databases, they had to put together a whole set of databases and they believe that it is a really useful way to help our contractors. For assessment, program managers/analysts have the best connection to the people in our programs and they recognize that they are busy. Commissioner Tarver stated that he has a brief follow up, that he doesn't think this should be entrusted to program monitors alone. When they do it well it is evidenced, when they don't, there isn't another level of across the department saying that the monitor is not reflecting what the program is doing. If some how you all can plug in to the whole program over site mechanism so that there is a second path for that.
- Commissioner Illig stated that he appreciates the effort of the report, but stated that this has been way too complex. The difficulty of assessing cultural competency is like assessing quality, it is not a concrete thing, and it is a broader issue than checklists. This should be something that transcends an entire agency and we need to get to the next step of assessing cultural competency within our own department. With ideal amounts of money, we have translation available 24 hours a day, but it is something the department has not experience. He urged that this working group continue and include a broader section of contractors. One of the best things about the plan, that it is clear throughout that client satisfaction is a good way to evaluate culture competency. He also stated that the culture of poverty is a culture that we don't connect with well. Tina Yee responded that the contractors have been active. She also stated that she believes our definition of cultural competency includes homelessness and poverty.
- Commissioner Guy stated that she thinks we do need to go to the next steps, and that she wants to appreciate that they went after the grant and got it so we can move forward with this. She also stated that we need to find a place in our JCC structure; it is not enough to have it come through staff once a year. In terms of the next steps, she does think it is no small thing that we want to explore that internally, and that more staff time needs to be allocated to this. She thinks it is worth while after doing the workshops, to look at how we want to invest in the role that the program analysts have. She stated that she would like to create more understanding and take a risk around a little more flexibility.

- Commissioner Chow thanked Tina and Jason for working on this and stated they have given less direction and more critique when something happens. When you look at the documentation that they have tried to use as a methodology and then integrate into the regular roles the manager plays. The managers don't yet see this as an important role in what they do. He thinks that the taskforce's focus on bite size goals may lead to program managers to integrating it into their work. He stated there is a question regarding whether we are focusing the program or the whole agency. He favors the next steps of looking at the basic documentation, for example, to see if the agency even says they will be culturally competent. In regards to our own apartment, he stated that we have a variety of things we need to do to meet standards. He believes it is good to bring the next steps here, but he wonders what will be the best way to implement a formal process of commissioner review and how we measure are own departments. Dr. Katz responded that he views cultural competency as an integral part of our program management. In that spirit each joint conference has to treat this at that level of attention for both your policy and evaluation. This will cause staff to realize that it's not something you achieve, but something you constantly work at. Commissioner Guy stated that at least so far, that hasn't worked, and that somehow either we have to work well within our own compartments, and see how the overview would be. In her experience it goes to the lowest level and stays there, and does not offer any over all accountability.
- Commissioner Chow requested that this issue be added to the list he is compiling to be looked at for the strategic retreat.
- Commissioner Tarver agreed that this need further study.

7) CONSIDERATION OF A RESOLUTION SUPPORTING UNIVERSAL HEPATITIS B SCREENING FOR ASIAN AND PACIFIC ISLANDER RESIDENTS OF SAN FRANCISCO

Commissioner Chow introduced and Ted Fang, Director of the AsianWeek Foundation presented the Hepatitis B Resolution.

Universal Screening for Hepatitis B

Residents of Asian and Pacific Islander heritage comprise 34 percent of the population of the City and County of San Francisco and are facing a health care crisis from Hepatitis B infections and liver cancer as follows:

a.) One out of 10 APIs in San Francisco has Chronic Hepatitis B
b.) 80% of liver cancer is caused by Hepatitis B
c.) 1 in 4 APIs living with Chronic Hepatitis B will die from liver disease or liver cancer
d.) Due to lack of symptoms, awareness and testing, most APIs are unaware of their infections
e.) APIs are 100 times more likely to have Chronic Hepatitis B than Whites (1 out of 10 for Asians, 1 out of 1000 for Whites)
f.) APIs have the highest rates of liver cancer for any racial/ethnic group
g.) The greatest health disparity between Asian Americans and Caucasian Americans is liver cancer
h.) Up to 23,000 women in the United States who give birth each year have chronic Hepatitis B infection, and 70% of them are API.
i.) Liver cancer is the second most common cause of cancer death in Asian men living in the US
j.) Over half of chronically infected Hepatitis B Americans are API; and

The ramifications of this health care crisis could have dire consequences for the entire City and County of San Francisco as follows:

a.) 6,000 APIs in San Francisco are projected to die from liver cancer and cancer brought on by Hepatitis B
b.) The cost of liver transplants is more than $200,000 per patient
c.) Liver cancer usually develops between ages 35 and 65 when people are maximally productive, with family responsibilities
d.) It could cost San Francisco $700 million in medical and work loss costs for Hepatitis B related conditions; and

The health care crisis posed by Hepatitis B is largely preventable as follows:
a.) Hepatitis B is a vaccine preventable disease
b.) 70% to 80% of all liver cancers in Asians can be prevented by a Hepatitis B vaccination program
c.) Hepatitis B related Liver Cancer is a vaccine preventable cancer
d.) The Hepatitis B vaccine was declared the first anti-cancer vaccine
e.) Hepatitis B vaccine is safe and has been given to over 500 million people in the world; now therefore

The California Liver Cancer Prevention Plan calls for all Asians in the state to be tested and vaccinated by the year 2010 and the San Francisco Department of Public Health has been working actively to educate, screen and vaccinate San Franciscans to protect residents and the city from Hepatitis B and its related illnesses. The Asian Liver Center at Stanford University and the AsianWeek Foundation are working with a network of San Francisco's community and healthcare organizations to launch a citywide campaign entitled "SAN FRANCISCO: FREE OF HEPATITIS B – Making San Francisco The First City in America to screen/vaccinate all Asian/Pacific Islanders for Hepatitis B (HBV)". Early pioneering efforts to safeguard the Asian American community from Hepatitis B by participating in national studies demonstrating the effectiveness of use of Hepatitis B vaccines in newborns at San Francisco General Hospital and the San Francisco Chinese Hospital helped lead to the national recommendations for universal administration of Hepatitis B vaccine for newborns. The Chinese and Asian community for over a half dozen years has been educating providers and residents on the importance of screening for Hepatitis B, including collaborative efforts of the NICOS Chinese Health Coalition, the Asian American Network for Cancer Awareness, Research and Training (AANCART) San Francisco Chinese Council of the Chinese Community Health Care Association, the Jade Ribbon campaign of the Asian Liver Center of Stanford University, and the Chinatown Public Health Center.

It is the goal of the City and County of San Francisco to be the first city in America to screen and vaccinate all Asian and Pacific Islander residents for Hepatitis B, setting a model that can be implemented throughout the state of California and the entire nation.

Commissioners' Comments

- Dr. Chow stated that it would be a very positive thing to be part of this effort. Dr Katz added that there are so many health problems that can not be solved and this is an important health problem we can solve. Dr Chow stated that he would like to reposition the 4th whereas to the position of last whereas.
- Commissioner Guy asked what a program like this would cost. Ted Fang stated that a rough budget is about $700,000. Dr Katz stated that all people coming into SF health services should be providing screening and immunization for Hepatitis B for all clients.

- Commissioner Tarver stated that it is laudable that this goal was set particularly high at 100%. He also stated that they needed to include other providers in outreach such as behavioral health. He asked whether there is any Asian or API cultural resistance that they have encountered thus far, or is it fairly consistent in people's cultural belief to receive injections, etc. Ted Fang stated that the community has been supportive, and that this work will lead to the discovery of many new things about the Asian population.

Action Taken: The Commission adopted the Hepatitis B Resolution.

8) PUBLIC COMMENT/OTHER BUSINESS

None.

10) ADJOURNMENT

The meeting was adjourned at 6:40 PM

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
Gavin C. Newsom, Mayor

Department of Public Health

Lee Ann Monfredini
President

James M. Illig
Vice President

Edward A. Chow, M.D.
Commissioner

Roma P. Guy, M.S.W.
Commissioner

David J. Sánchez, Jr., Ph.D.
Commissioner

Donald E. Tarver, II, M.D.
Commissioner

John I. Umekubo, M.D.
Commissioner

Mitchell H. Katz, M.D.
Director of Health

Michele M. Seaton
Executive Secretary

Tel. (415) 554-2666
FAX (415) 554-2665

Web Site: http://www.sfdph.org

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19/06

CHANGE OF LOCATION NOTICE

FOR

SAN FRANCISCO HEALTH COMMISSION

The San Francisco Health Commission meeting scheduled for Tuesday, December 19, 2006, 3:00 p.m. will be held at San Francisco General Hospital, Carr Auditorium, 1001 Potrero Avenue, San Francisco, CA 94110.

Please note that the Budget Committee of the Health Commission will meet at 101 Grove Street, Room 300, at 1:00 p.m.

An agenda will follow.

For information please call the Commission Office at 554-2666.

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(Posted November 20, 2006)

HEALTH COMMISSION

CITY AND COUNTY OF SAN FRANCISCO
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AGENDA

HEALTH COMMISSION MEETING

Tuesday, December 19, 2006
At
3:00 p.m.
CARR AUDITORIUM
SAN FRANCISCO GENERAL HOSPITAL
1001 Potrero Avenue, San Francisco, CA 94110

PLEASE NOTE: The Budget Committee of the Health Commission will meet at 101 Grove Street, Room 300, at 1:00 p.m.

The Budget Committee of the Commission will consider the consent calendar on this agenda at 1:00 p.m. at 101 Grove. The Budget Committee Consent Calendar consists of two sections. The first section is for items that will be considered for approval. There will be no separate discussion of these items unless a member of the Budget Committee so requests. The second section consists of items that will be for discussion and approval.

Consent Calendar items that have been recommended for approval by the Budget Committee will be acted upon by a single roll call vote of the Health Commission. There will be no separate discussion of these items unless a member of the Health Commission so requests, in which event the matter shall be removed from the Consent Agenda and considered as a separate item.

PUBLIC COMMENTS WILL BE TAKEN FOR EACH AGENDA ITEM.

1) **CALL TO ORDER**

2) **PROPOSED ACTION:** **APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 5, 2006**
**Minutes of the meeting of December 5, 2006*

3) **PROPOSED ACTION:** **APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE**
(Commissioner David J. Sanchez, Jr., Ph.D.)

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Items for Discussion and Approval

3.1 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of $1,914,189, with an annual contract amount of $1,277,126, for a total contract of $2,143, 892 which includes a 12% contingency, to provide supportive housing services targeting homeless adults, for the period of July 1, 2006 to December 31, 2007 (18 months).
*Contract summary, Monitoring report summary, Client demographic information form

3.2 PHP-Housing& Urban Health – Request for approval of a retroactive renewal contract with Tenderloin Neighborhood Development Corporation, in the amount of $1,740,860, including a 12% contingency, to provide supportive housing services targeting homeless seniors, for the period of July 1, 2006 through June 30, 2009 (3 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

3.3 BHS – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $9,203,307, to provide mental health services, including crisis management, outpatient services and school-based day treatment targeting adults and youth/adolescents, for the period of July 1, 2006 through June 30, 2008 (2 years).
* Contract summary, Monitoring report summaries, Client demographic information form

3.4 BHS – Request for approval of a retroactive contract renewal with New Leaf: Services For Our Community, in the amount of $4,724,858, which includes a 12% contingency to provide outpatient substance abuse and mental health services targeting lesbian, gay, bisexual, and transgender communities for the period of July 1, 2006 through December 31, 2008 (2.5 yrs).
* Contract summary, Monitoring report summary, Client demographic information form

3.5 BHS – Request for approval of a retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $6,338,622, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring report summaries, Client demographic information forms

3.6 BHS – Request for approval of a retroactive contract renewal with the Center on Juvenile and Criminal Justice, in the amount of $1,367,060, which includes a 12% contingency, to provide residential substance abuse treatment services, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

Items for Approval

3.7 PHP-EHS – Request for approval of a retroactive contract renewal with Mission Economic Development Association, in the amount of $108,054, which includes a 12% contingency, to provide ongoing fiscal management and business plan development services for the Day Labor Program, for the period of October 1, 2006 through September 29, 2007 (1year).
* Contract summary, Monitoring report summary

3.8 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $150,006, which includes a 12% contingency, to provide comprehensive housing and case management services at Rita da Cascia, for the period of July 1, 2006 to June 30, 2008 (2 years).
* Contract summary, Client demographic information form

3.9 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with San Francisco Network Ministries Housing Corporation, in the amount of $87,209, which includes a 12% contingency, to provide supportive housing services to homeless women leaving the commercial sex industry, for the period of July 1, 2006 to December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

3.10 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Tenderloin AIDS Resource Center dba Tenderloin Health, in the amount of $596,443, which includes a 12% contingency, to provide emergency hotel rooms and client-centered emergency on-site services to medically stable homeless individuals living with HIV/AIDS, for the period of March 1, 2006 to June 30, 2008 (2.3 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

3.11 AIDS OFFICE-HIV Prevention – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $437,441, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).
* Contract summary, Monitoring report summaries, Client demographic information form

3.12 AIDS OFFICE-HIV Prevention – Request for approval of a renewal contract with Tenderloin AIDS Resource Center dba Tenderloin Health, in the amount of $387,072, which includes a 12% contingency, to provide HIV prevention services – Counseling & Testing, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).
* Contract summary, Monitoring report summary and response, Client demographic information form

3.13 MCH – Request for approval of a retroactive sole source contract renewal with Support for Families of Children with Disabilities, in the amount of $623,110, which includes a 12% contingency, to provide support for families whose children have special needs, for the period of July 1, 2006 through June 30, 2010 (4 years).
* Contract summary, Award letters, Client demographic information form

3.14 BHS – Request for approval of a retroactive contract renewal with Morrisania West, Inc., in the amount of $338,669, which includes a 12% contingency, to provide substance abuse services targeting African American youth and young adults, for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form

3.15 BHS – Request approval of service sites for the Family Service Agency: 1) to relocate an existing program, Adult Case Management, and 2) for two new programs, Full Service Partnership for transitional age youth, Full Service Partnership for adults, to 1663 Mission Street.
* Calendaring memo

4) **FOR DISCUSSION:** **DIRECTOR'S REPORT**
(Mitchell H. Katz, M.D., Director of Health)
(Report on activities and operations of the Department)
**Director's Report*

5) **EMPLOYEE RECOGNITION AWARDS FOR THE MONTH OF DECEMBER**
*List of Awardees

6) **FOR DISCUSSION AND ACTION:** **PROPOSED REVISION OF SFGH RULES AND REGULATIONS REGARDING HISTORY AND PHYSICAL EXAMINATION (H&P) REQUIREMENTS**
(Andre Campbell, MD, SFGH Chief of Staff)
**Proposed change of Rules and Regulations*

7) **FOR DISCUSSION:** **SAN FRANCISCO GENERAL HOSPITAL ANNUAL REPORT**
(Gene Marie O'Connell, SFGHMC Executive Administrator)
**Report*

8) **PUBLIC COMMENT/OTHER BUSINESS****

9) **ADJOURNMENT**

* Explanatory documents are available at the Health Commission Office, 101 Grove Street, Room #311, telephone 554-2666.

** Opportunity for members of the public to address the Health Commission on items of interest to the public that is within the subject matter jurisdiction of the Health Commission. Additionally, public comments will be taken for each agenda item.

Accessible Meeting Policy

American sign language interpreters and readers are available with advance notice of three business days. The Department of Public Health will make every effort to accommodate requests for sound enhancement systems and alternative formats for meeting minutes and agendas. Please make these requests as far in advance as possible. For all requests contact the Department of Public Health, Equal Employment Opportunity Program, telephone 554-2595 or the Health Commission office at 554-2666. Late requests will be honored if possible.

In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, multiple chemical sensitivity or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals.

Cell Phone and/or Sound Producing Electronic Device Usage at Hearings

The ringing of and use of cellular phones, pagers and similar sound producing electronic devices are prohibited during public meetings. Please be advised that the Chair/President may order the removal from the meeting room of any person(s) responsible for the ringing or use of a cell phones, pagers, or other similar sound producing electronic devices (Sunshine Ordinance 67A.1).

San Francisco Lobbyist Ordinance

Individuals and entities that influence or attempt to influence local legislative or administrative action may be required by the San Francisco Lobbyist Ordinance (San Francisco Campaign and Governmental Conduct Code 2.100) to register and report lobbying activity. For more information about the Lobbyist Ordinance, please contact the San Francisco Ethics Commission at: 30 Van Ness Avenue, Suite 3900, San Francisco, CA 94102; telephone (415) 581-2300; fax (415) 581-2317; and web site: **www.sfgov.org/ethics**.

Know Your Rights Under the Sunshine Ordinance

The Government's duty is to serve the public, reaching its decisions in full view of the public. Commissions, boards, councils and other agencies of the City and County exist to conduct the people's business. This ordinance assures that deliberations are conducted before the people and that City operations are open to the people's review.

For information on your rights under the Sunshine Ordinance (Chapter 67 of the San Francisco Administrative Code) or to report a violation of the ordinance, contact Frank Darby by mail to Sunshine Ordinance Task Force, 1 Dr. Carlton B. Goodlett Place, Room 244, San Francisco CA 94102, by phone at (415) 554-7724, by fax at (415) 554-7854 or by email at sotf@sfgov.org Citizens may obtain a free copy of the Sunshine Ordinance by contacting Mr. Darby or by printing Chapter 67 of the San Francisco Administrative Code on the Internet, at http://www.sfgov.org/sunshine.htm.

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President

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HEALTH COMMISSION

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Director of Health

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Acting Executive Secretary

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MINUTES

HEALTH COMMISSION MEETING

Tuesday, December 19, 2006
At
3:00 p.m.
1001 Potrero Avenue
Carr Auditorium
San Francisco, CA 94102

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1) CALL TO ORDER

President Lee Ann Monfredini called the meeting to order at 3:12 p.m.

Present:
Lee Ann Monfredini, President
James M. Illig, Vice President
Edward A. Chow, M.D.
Roma P. Guy, M.S.W.
David J. Sanchez, Jr., Ph.D.
Donald E. Tarver, II, M.D.
John I. Umekubo, M.D.

2) APPROVAL OF THE MINUTES OF THE HEALTH COMMISSION MEETING OF DECEMBER 5, 2006

Action Taken: The Commission approved the minutes of the December 5, 2006 Health Commission meeting with the following additions. Resolution 16-06: Endorsing the goal of universal Hepatitis B screening and vaccination for Asian and Pacific Islander residents of San Francisco and Resolution 17-06: Supporting Recommendations contained in the Fiscal Year 2005 Charity Care Report have been included with the minutes of 12/5/06. Commissioner Chow requested that Commissioner comment go before public comment. In addition, due to a technical error, comment was not recorded for the budget hearing.

3) APPROVAL OF THE CONSENT CALENDAR OF THE BUDGET COMMITTEE

Commissioner Sanchez chaired and Commissioner Tarver and Commissioner Chow attended the Budget Committee meeting. The Budget Committee requested that items 3.4, 3.5, 3.11, and 3.12 be moved to the "Discussion and Approval Section." All other items were moved for "Approval". In addition, Commissioner Tarver abstained from voting on item 3.3.

Items for Discussion and Approval

3.4 BHS – Request for approval of a retroactive contract renewal with New Leaf: Services for Our Community, in the amount of $4,724,858, which includes a 12% contingency to provide outpatient substance abuse and mental health services targeting lesbian, gay, bisexual, and transgender communities for the period of July 1, 2006 through December 31, 2008 (2.5 yrs).
* Contract summary, Monitoring report summary, Client demographic information form

Commissioner Comment

- Commissioner Tarver stated that the Commission needs to look at how to improve our relations with vendors. He stated that ED's agonize over this and that if New Leaf could control the number of MediCal clients they see they could increase the units of service. This is not the case, as New Leaf receives its referrals from Access and these include a number of uninsured persons. If New Leaf did not see these clients then this would leave a gap in service. He stated that the fix may be along the lines of budget modifications or that you revise it so that there isn't an experienced cut. CBHS Director Bob Cabaj stated that MediCal is not a guaranteed revenue source and there is only so much General Fund money to spread around to the programs. Commissioner Tarver stated that he was under the impression that there was a 2 million dollar surplus in CBHS. Bob Cabaj stated that it is unprecedented for a provider to use the Health Commission as a venue for contract negotiations and that New Leaf did not follow the protocol to work on this issue with CBHS. He added that if the contract is not passed there will not be any funds for the organization. Mr. Cabaj also clarified that all General Fund money has already been allocated.
- Commissioner Chow stated that if he looks at the total contract amount there is an increase in the total contract. He stated that the way it is separated he can not see what the MediCal portion is. Gregg Sass stated that they view CBHS as a General Fund department and that makes it difficult to break out the various payee sources.
- Commissioner Sanchez stated that President Monfredini and he have met with other non-profits related to this issue, and that both the and President Monfredini had to cancel their own meetings to be there and that Deputy Director Garcia was following up with those providers who were present. He stated frustration regarding the fact that the whole point of those meetings was to ensure better communication and have updates brought back by staff on the process after having all of the appropriate people involved. He stated that this was the process that they had invested in to address this issue and that they need to close ranks and come to some positive outcomes.
- Commissioner Tarver stated that he would like to approve the contract with the condition that the Budget Committee receives an update on the negotiations at an appropriate time. Bob Cabaj stated that they would return to the Budget Committee with an update.
- Commissioner Chow stated that if they didn't pass this contract, there would be no money for New Leaf at all. He stated that the issue of those who are not being served could perhaps be a separate issue. He requested that next time he would like the Executive Director, Joe Neisen to be here. Ms. Baker stated that he had a family commitment out of state.

3.5 BHS – Request for approval of a retroactive contract renewal with Edgewood Center for Children and Families, in the amount of $6,338,622, which includes a 12% contingency, to provide mental health services, for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring report summaries, Client demographic information forms

Commissioner's Comment

- Commissioner Tarver asked whether a resolution has been brought forward in support of increased funding at the state level.
- Commissioner Sanchez asked if Margaret Brodkin has been involved in this funding issue. Ms. Rueben stated that she works with Ms. Brodkin on other projects. Commissioner Sanchez responded that perhaps Ms. Brodkin may have some funding sources to explore.
- Commissioner Chow clarified that the funding problem was not with this particular contract but with the reimbursement rates provided by the state. Ms. Rueben stated that this was the case and the predicament was that residential treatment was reimbursed purely by the state and that the mental health services contract was adjunct funding. Commissioner Chow stated that if they were going to consider a resolution in support, they would need this type of knowledge. Ms Rueben stated that she is working with DPH staff to work through the data to make sure it is easily understandable as it is very complicated.
- Commissioner Sanchez stated that the Commission looks forward to supporting a resolution honoring the contributions this agency has provided over the last 150 years. He added that if at-risk children are not treated at Edgewood they end up in the streets or in locked facilities.

3.11 AIDS OFFICE-HIV Prevention – Request for approval of a renewal contract with Black Coalition on AIDS, in the amount of $437,441, which includes a 12% contingency, to provide HIV prevention services – Prevention with Positives and Health Education and Risk Reduction, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).
* Contract summary, Monitoring report summaries, Client demographic information form

Commissioner's Comment

- Commissioner Tarver asked what the number of unduplicated clients was. Andre Robinson, Interim Director of Programs, stated that the unduplicated client number was 248. Commissioner Tarver asked how the Coalition tracked this data and whether they used PEMS. Tracy Packer responded that this is the same situation as contracts from last week in that they are transitioning the tracking system from PEMS to the Core Values database (Access platform). She stated this would be instituted at Black Coalition on AIDS as it is rolled out. Commissioner Tarver asked if there is some focus on tracking target populations, and will this new database have the ability to track them? Mr. Robinson and Alfred McGugin, Director of Client Services, both stated that they are looking to satisfy the needs of both the organization and the city.

3.12 AIDS OFFICE-HIV Prevention – Request for approval of a renewal contract with Tenderloin AIDS Resource Center dba Tenderloin Health, in the amount of $387,072, which includes a 12% contingency, to provide HIV prevention services – Counseling & Testing, to behavioral risk populations in San Francisco, for the period of January 1, 2007 through June 30, 2008 (1.5 years).
* Contract summary, Monitoring report summary and response, Client demographic information form

Tracy Packer presented and stated that they are still recognizing TARC and Continuum as separate entities for now. Ms. Packer gave background on the project; TARC and Tom Waddell have been working together to provide HIV testing at Tom Waddell as sponsored by TARC. As seen in the monitoring report, there were bumps in the road regarding working together around standardizing quality assurance. The corrective response to this in that they have assigned an almost full time staff person to work as a liaison between the two organizations on quality assurance issues. As a result, the units of service were lower, but they were still within acceptable range.

Commissioner's Comments

- Commissioner Tarver stated that the service units were low in the beginning and were raised towards the end of the year. He stated that he thinks the new contract should be based on the higher, more successful units of service. Tracy Brown, Executive Director, stated that they did this because there wasn't time for the staff to recruitment for clients. He stated that for this year, they are going to focus on recruitment and this will necessitate a lowering of the volume of testing.
- Commissioner Tarver asked if there is the capacity at Tom Waddell for the increase in testing. He also asked if Tom Waddell knew to refer clients to TARC. Tracy Brown responded that the referral piece is something they are trying to incorporate by networking with partners. Tracy Packer also stated that there is a testing workgroup that would discuss and network around this issue.
- Commissioner Sanchez stated that volunteer and intern programs provide citizens a unique pathway into service and he suggested an orientation for all volunteers and interns. Tracy Packer responded that they have a training process for anyone that is a counselor and that they have a strong connection with City College. They also have a database that maintains and flags those who need to take more CEU's so that everyone is on the same level. Tracy Brown added that they wouldn't be able to function without their interns and volunteers.
- Commissioner Chow asked what the relationship between Tom Waddell and TARC and how this is working. Tracy Brown stated that Tom Waddell has been a partner with TARC for a long time and has run a long term HIV program together that is funded by Ryan White funds. He added that the current project resulted from a realization that clients coming to TARC were not being tested at either Tom Waddell or TARC, so they came together to create a bridge program.
- Commissioner Chow asked if testing could be done at both sites and if the clients are the same. Tracy Brown responded that the clients are not the same. Commissioner Chow stated that this means they have extended there patient base. Tracy Brown added that tests are sponsored by TARC and done at Tom Waddell. Commissioner Chow stated that it sounds like this has become very collaborative.

For Approval

3.1 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Episcopal Community Services, in the amount of $1,914,189, with an annual contract amount of $1,277,126, for a total contract of $2,143, 892 which includes a 12% contingency, to provide supportive housing services targeting homeless adults, for the period of July 1, 2006 to December 31, 2007 (18 months).
*Contract summary, Monitoring report summary, Client demographic information form

3.2 PHP-Housing& Urban Health – Request for approval of a retroactive renewal contract with Tenderloin Neighborhood Development Corporation, in the amount of $1,740,860, including a 12% contingency, to provide supportive housing services targeting homeless seniors, for the period of July 1, 2006 through June 30, 2009 (3 years).
* Contract summary, Monitoring report summary and responses, Client demographic information

3.3 BHS – Request for approval of a retroactive contract renewal with Westside Community Mental Health Center, Inc., in the amount of $9,203,307, to provide mental health services, including crisis management, outpatient services and school-based day treatment targeting adults and youth/adolescents, for the period of July 1, 2006 through June 30, 2008 (2 years).
* Contract summary, Monitoring report summaries, Client demographic information form

3.6 BHS – Request for approval of a retroactive contract renewal with the Center on Juvenile and Criminal Justice, in the amount of $1,367,060, which includes a 12% contingency, to provide residential substance abuse treatment services, for the period of July 1, 2006 through December 31, 2010 (4.5 years).
*Contract summary, Monitoring report summary, Client demographic information form

3.7 PHP-EHS – Request for approval of a retroactive contract renewal with Mission Economic Development Association, in the amount of $108,054, which includes a 12% contingency, to provide ongoing fiscal management and business plan development services for the Day Labor Program, for the period of October 1, 2006 through September 29, 2007 (1year).
* Contract summary, Monitoring report summary

3.8 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with Catholic Charities CYO, in the amount of $150,006, which includes a 12% contingency, to provide comprehensive housing and case management services at Rita da Cascia, for the period of July 1, 2006 to June 30, 2008 (2 years).
* Contract summary, Client demographic information form

3.9 PHP-Housing & Urban Health – Request for approval of a retroactive contract renewal with San Francisco Network Ministries Housing Corporation, in the amount of $87,209, which includes a 12% contingency, to provide supportive housing services to homeless women leaving the commercial sex industry, for the period of July 1, 2006 to December 31, 2007 (1.5 years).
* Contract summary, Monitoring report summary and responses, Client demographic information form

3.10 PHP-Housing & Urban Health – Request for approval of a retroactive renewal contract with Tenderloin AIDS Resource Center dba Tenderloin Health, in the amount of $596,443, which includes a 12% contingency, to provide emergency hotel rooms and client-centered emergency on-site services to medically stable homeless individuals living with HIV/AIDS, for the period of March 1, 2006 to June 30, 2008 (2.3 years).
* Contract summary, Monitoring report summary and responses, Client demographic information

3.13 MCH – Request for approval of a retroactive sole source contract renewal with Support for Families of Children with Disabilities, in the amount of $623,110, which includes a 12% contingency, to provide support for families whose children have special needs, for the period of July 1, 2006 through June 30, 2010 (4 years).
* Contract summary, Award letters, Client demographic information form

3.14 BHS – Request for approval of a retroactive contract renewal with Morrisania West, Inc., in the amount of $338,669, which includes a 12% contingency, to provide substance abuse services targeting African American youth and young adults, for the period of July 1, 2006 through December 31, 2007 (18 months).
* Contract summary, Monitoring report summary, Plan of Correction, Client demographic information form

3.15 BHS – Request approval of service sites for the Family Service Agency: 1) to relocate an existing program, Adult Case Management, and 2) for two new programs, Full Service Partnership for transitional age youth, Full Service Partnership for adults, to 1663 Mission Street.
* Calendaring memo

Action Taken: Commissioner Tarver abstained from item 3.3. The Commission passed the consent calendar.

4) DIRECTOR'S REPORT

Mitch Katz, MD, Director of Health presented the Director's Report.

Seven Principles Project
The Seven Principles Project held a "Cultural Competency Providers Training: Reducing African American Infant Mortality in San Francisco" for 36 providers on November 30, 2006. Together with partners Blue Cross of California, San Francisco Health Plan, National Center of Excellence in Women's Health, and the Maternal, Child, and Adolescent Health Section of DPH, the Project recruited a cross-section of providers who serve African American women and their families to improve their knowledge and skills for working with African Americans.

Language Access Technology Awards
At the December 6, 2006, California Association of Public Hospitals and Health Systems (CAPH) Annual Conference, a one-time-only Language Access Technology Leadership Award was presented to the member systems who have shown the way regionally, statewide and nationally. An award went to San Francisco General Hospital Medical Center and Alameda County Medical Center for being the first hospitals in the nation to pilot Videoconferencing Medical Interpreting. Gloria Garcia-Orme, Director of Operations for Primary Care, Patient Relations and Language Services accepted the award for San Francisco General Hospital Medical Center.

SFGHMC LEAD Program Team
The SFGHMC LEAD Program team gave a presentation at the December 6th CAPH Annual Conference. The presentation consisted of the newest effort, LEADing Organizational Change: Advancing Quality through Culturally Responsive Care, which was dedicated to helping California's public hospitals integrate culturally and linguistically competent care into their delivery systems. The SFGHMC program focused on improving the quality of diabetes care, specifically foot care, for African-American patients. The LEAD grant was sponsored by the California Endowment.

National Association of Public Hospitals and Health Systems (NAPH) Selects Chair
The National Association of Public Hospitals and Health Systems (NAPH) represents more than 100 of America's most important safety net hospitals and health systems. NAPH also conducts research on a wide range of issues that affect public safety net health systems. Gene Marie O'Connell, RN, MS was recently named the new Chair of NAPH for fiscal year 2007-2008.

- Adopting safe practices in clinical settings
- Continuously improve patient care
- Measure progress
- Identify areas for improvements

Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign – focusing on specific initiatives shown to save lives:

- Rapid Response Team
- Preventing Adverse Drug Events
- Acute Myocardial Infarction care
- Ventilator Associated Pneumonia Prevention
- Surgical Site Infection Prevention

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) National Patient Safety Goals:

- Accurate patient identification
- Communication among caretaker
- Medication safety and reconciliation
- Infection control
- Fall prevention

Quality/Patient Safety Reporting

SFGH measures progress on quality and patient safety initiatives by:

- Collecting and reporting data to track our efforts over time and implement changes to improve patient care.
- Data manually collected by staff
- Reporting to external bodies which provide comparisons to national benchmarks
- Failure to report required measures may affect accreditation of the hospital.

Follow the Patient…

Representative Patient:

- 60 Year Old, African-American Male
- Primary care patient in General Medical Clinic
- Smoking History X 40 Years
- Diabetic
- Presents to Emergency Dept. with Chest Pain likely due to an Acute Myocardial Infarction (AMI)

1. In E.D., Patient is given recommended initial treatment of Aspirin and Beta Blocker on Arrival During the admission process, medication reconciliation is initiated for all patients. The purpose of medication reconciliation is:

> To prevent medication errors at patient transition points (e.g. admission, transfer, and discharge) such as:

  - Errors in transcription
  - Duplication of therapy
  - Drug-drug and drug-disease interaction
  - To promote a culture of patient safety

7. One month after patient discharged – CHART Patient Survey sent
    - Mail survey sent monthly to sample of inpatients
    - 56 Questions, including required CMS questions; Grouped in 7 Dimensions of Care
    - Answers on scale of:
    - Never, Sometimes, Usually, Always/Definitely
    - Response of 'Never', 'Sometimes, and 'Usually' are considered negative.
    - Results are compared to CHART average
    - SFGH return rate – 32%
8. Patient returns for follow-up care with his primary care provider in General Medical Clinic
    - Receives recommended diabetic foot screening
    - Diabetes Collaborative Program:
    - Providing opportunities for African American diabetic patients to develop action plans for self-care.
    - Implementing a foot screening protocol
    - Providing training to health care providers in the General Medicine Clinic on culturally competent diabetes care for African Americans

In 2007, Patient Safety will continue to be our #1 goal

- Computerized Physician Order Entry
- Electronic Clinical Documentation
- IHI Ventilator Associated Pneumonia Initiative
- IHI Surgical Site Infection Initiative
- Abnormal Test Result Task Force
- Medication Management and Medication Error Reduction

Commissioners' Comments

- Commissioner Illig asked where the other 60% of primary care is undertaken for clients coming to the emergency room. Anson Moon stated that half of the patients at SFGH have a medical home within CHN and the other half do not. Gene O'Connell added that they do ask incoming patients if they have a medical home and that they do track that.
- Commissioner Illig asked if SFGH is asking behavioral health clients to do the surveys. Gene O'Connell responded that it is only for the Cardiac Unit and those with addresses.
- Commissioner Umekubo congratulated the staff on all of their accomplishments. He stated that it was phenomenal that the hospital achieved all of this with all of the surveyors that have been here this year. He added that the pharmacy project took a lot of collaboration and that it was important for patient safety and he feels this project exposes a lot of holes. He stated that one of the things also noticed was the good rate of nursing call light response. Lastly he wanted to mention the sense of pride one feels when working with staff at SFGH.
- Commissioner Chow stated that the accomplishments listed in the packet are great and that the recognition on a national level confirms SFGH's place as the best public hospital. He stated that one of the goals was working on computerized records and physician ordering and that he would like an update on how this was going. Gene O'Connell stated that the medical staff is coming along with compliance with the new system. She stated that there were some stumbling blocks with M Tower regarding the technology available and that they have addressed that. She added that Sue Currin is working with the nursing staff on the LCR and that they are all still working with interfaces. She stated that they are also looking at other systems and are looking to expand such things and the Diabetes Patient Registry.

- Commissioner Chow asked what SFGH's goals were for next year. Gene O'Connell stated that they have already put together their goals for next year and that she will send them to the Commissioners. She also listed the following as
- Commissioner Chow also commended the hospital on the pneumococcal testing program and that based on outside data that the results achieved are really good.
- Commissioner Guy stated that it is important at the JCC level to see how the HAP program is affecting the hospital. She stated that they want to see where the problems are coming up in these areas. She added that the issue of operating above hospital bed census needs to be addressed, and that she thinks this is really important and that work-load needs to be addressed. Commissioner Guy stated that she also wanted to commend the hospital on cancer care.
- Commissioner Chow asked if there was a way to change the structure of the budget to reflect. Dr. Katz stated that on the pure revenue side, we have markedly increased our revenue going into the budget cycle. He stated that the tendency with fiscal staff is to be conservative so to be able to function within the stated budget. He stated that as the rolling census is trending up they will have to reevaluate staffing. Commissioner Guy stated that she would like to see this followed up in the JCC and that we should respect the workforce and all they put in to the hospital.
- Commissioner Tarver commended Gene O'Connell and the hospital staff and stated that the hospital has been really good with integrating the outpatient population and that the hospital staff understands that patients are citizens of the city and don't just exist in the hospital. He added that one of the top diagnoses is depression and that behavioral health is among the types of services that require integration. He stated that they should look at integrating the databases so as to know the life of a patient on the medical and psychiatric sides. He added that you can't separate people between the medical and psychiatric sides of their life. He also said that he wanted to see some progress on consolidating pharmacies as he has had the experience of having to prescribe different medications for patients in both the CBHS and CHN sides.
- Commissioner Sanchez stated that SFGH is a leader and that they rise to the challenges presented to them.

Action Taken:
The following was approved:

- Policy 8.9 Hospital Plan for Provision of Patient Care – Changes to statistic only
- Policy 17.1 Performance Improvement and Patient Safety Program (PIPS)
  - Integrated patient safety into the Performance Improvement policy
  - Established Patient Safety Council, subcommittee of the PIPS Committee
- Policy 12.04 Inpatient Utilization Review Program – No Changes

The following was accepted:

- Overview of San Francisco General Hospital
- SFGHMC Goals and Accomplishments for Fiscal Year 2005-2006
- SFGHMC 2006 Environment of Care/Safety Management Annual Report

8) PUBLIC COMMENT/OTHER BUSINESS

-Yvonne Martinez from Local 790 SEIU stated that there has been some progress on several issues. She stated there is now a secretary at South East Geriatric. She also stated that they were successful in reversing what could have been the dismantling of the OMI. She also wanted to thank the staff that worked with her on this project. She added that she hoped Mr. Hope who was in the film also found some resolution before the end of the year.

10) ADJOURNMENT

The meeting was adjourned at 5:17 PM

Rebekah R. Varela
Acting Executive Secretary to the Health Commission

Health Commission meeting minutes are approved by the Commission at the next regularly scheduled Health Commission meeting. Any changes or corrections to these minutes will be noted in the minutes of the next meeting.

City and County of San Francisco
HEALTH COMMISSION
Department of Public Health
101 Grove Street, Room #311
San Francisco, CA 94102

(Address Correction Requested)

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